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New York (State) Health Preparedness Commission

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STATE OF NEW YORK

SPECIAL REPORT

OF THE

NEW YORK STATE COMMISSION

TO FORMULATE A LONG RANGE HEALTH PROGRAM

on the

STATE-WIDE HEALTH PREPAREDNESS CONFERENCE

Sponsored by the

NEW YORK STATE DEFENSE COUNCIL

and

THE HEALTH COMMISSION

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LETTER OF TRANSMITTAL

New York City, *March* 26, 1941.

To His Excellency, the Governor of the State of New York, and to the Honorable Members of the Legislature of the State of New York:

The New York State Commission to Formulate a Long Range Health Program has the honor to submit to you for favorable consideration a special report on the proceedings of the State-wide Health Preparedness Conference sponsored by the New York State Defense Council and The Health Commission. The conference was designed to stimulate and guide health preparedness activities at the county and community level.

Respectfully submitted,

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WALTER J. MAHONEY, *Vice-Chairman,* Senator
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"The Authority which is most conversant with principles should be supreme over principles, while that which is most competent in details should have the details left to it. The principal business of the central authority should be to give instructions, of the local authority to apply them. Power may be localized, but knowledge to be most useful must be centralized."

JOHN STUART MILL,
Representative Government (1860).

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FOREWORD

The nature of the crisis confronting the people of the United States today brooks no exaggeration. It stares out upon us daily from the pages of our newspapers; mutilation and sudden death have long since ceased to evoke surprise; one finds oneself accepting them as part of the nature of things, as the order of the day.

It is scarcely surprising, therefore, that in a world in which might, if it does not make right, at least seems to make the only acceptable argument, the government of the United States has entered upon a precedent-shattering program of national defense in order to insure its liberties and its rights in a jungle-like world. The wisdom of this move is obvious to most of us, and is heartily endorsed by a vast majority of the American people.

It is obvious, too, that the only defense possible against total war is total defense. The aggressor nations today fight not so much against the armed forces of their enemies as against the whole population of any nation daring to oppose them. Modern war is war on all fronts—military, political and economic. Above all, it is war on non-combatants—war on civilian morale. And morale is nothing more nor less than mental, physical and spiritual fitness. Morale is a nation's will to win. Morale has no more important constituent part than health—particularly the health of the civilian population. Today, more than ever before, wars are won or lost by civilians. The morale and well-being of the soldiers in the armed forces hinges directly on the morale and well-being of those in the home, the factory and field who form the bone and sinew of any nation at war.

Recognizing the importance of health in any thorough program of defense, Governor Lehman, as Chairman of the New York State Defense Council, and Lieutenant-Governor Poletti, as State Coordinator for national defense, requested the New York State Commission to Formulate a Long Range Health Program (generally known as the New York State Health Commission) to assist in the development of a plan whereby the health requirements of the armed forces during an emergency could be met without serious disruption to the maintenance of adequate health services for the civilian population.

Facing the task before it, the Commission realized that its primary task should be to make an inventory, or a blue-print, of all health resources in the State, county by county. Once this was done, it was felt that the Commission would have a body of knowledge which would enable it to deal with other specific problems which might present themselves. Among these problems, all of which would require organization and coordination on the state and local levels by the various health groups, would be the following:

The establishment of a means whereby communities would not be depleted of their health resources in the event of a crisis;

The formation of mobile emergency squads of physicians, surgeons and nurses capable of being immediately transported to any area experiencing a catastrophe;

The physical rehabilitation, wherever possible, of men rejected under the Selective Service Act;

A program of medical care to guard the physical fitness of workers in the productive war industries.

The commissioning of certain leaders in the medical profession as instructors in military surgery;

A coordinated plan of health instruction for the civilian population in preventive medicine, sanitation, and emergency first aid;

A ready supply of drugs, surgical supplies and serums for all communities;

A speedy physical examination and classification of industrial workers and the rehabilitation of those with physical defects;

Cautions to safeguard the water supplies and sewage disposal systems, and the creation of auxiliary water supplies;

The maintenance of a balanced diet for the public and the use of adequate substitutes in the event of a food shortage;

The rapid immunization of the public against such diseases as typhoid, small-pox, tetanus and diphtheria;

In the event of invasion, diseases not now prominent in the country might appear and would have to be efficiently dealt with. These diseases might include epidemic typhus, cholera, yellow fever and malaria;

The mobilization of resources to combat an extensive epidemic of influenza;

The maintenance of control methods for venereal diseases;

Accomplishing an orderly evacuation of the civilian population with due regard for essential health services, and in a manner that would not interfere with the military forces;

The prevention of panic among the civilian population and the utilization of all necessary safeguards against the hazards of enemy attack;

The insuring of adequate public health nursing services for each community;

The maintenance of schools for the training of nurses in their expanded duties;

Plans should be made in agreement with the military organization concerning which hospitals might be commandeered by the military.

The Commission agreed that to find and evaluate this knowledge most thoroughly, it was essential that much of this work be undertaken at the local level. This Commission thereupon called a health mobilization conference which was attended by representatives of most of the health organizations of the State. It was

brought out at this meeting that some work along these lines was already being undertaken by various health groups, such as the American Medical Association, which had distributed questionnaires to its membership bearing on their availability and qualifications for national defense work. These surveys were being undertaken at federal, state, and local levels. It was felt, however, that there was some danger of overlapping and confusion unless a central agency were to be set up at the state level capable of acting as a clearing house for the results of surveys being undertaken by the various health groups. It was agreed that the New York State Health Commission was a desirable body to perform this work and would receive the cooperation of all health groups represented at the conference. Chairman Lee B. Mailler, of the Health Commission, thereupon appointed an Advisory Subcommittee on Health Preparedness which included representatives of the organizations present at the conference. The functions of this Subcommittee were to assist the Health Commission in the collection of data and to act as an advisory body regarding the manner and form of the statewide health survey about to be undertaken.

The conference agreed on the importance of establishing county advisory health preparedness committees in the various counties of the State which would act in an advisory capacity as to problems of health preparedness within their own counties. It was suggested that these official county advisory health committees be appointed by the boards of supervisors in the various counties. Once the county committees were formed they could determine the health needs of each county through the use of the proper surveys. It was generally believed that the county advisory committees would be of inestimable service to the Health Commission, the Advisory Subcommittee and the State Coordinator for national defense in obtaining a blueprint of the health resources of each county and by recommending ways and means by which the greatest assistance might be given to the military mobilization of health personnel without destroying local health security for the civilian population.

The conference further suggested that it would be well to include on these local advisory subcommittees the following:

1. The chairman of the board of supervisors or the county executive or a representative designated by one of these.
2. The district state health officer having supervision over the county and the county health officer, if there be one.
3. The chairman of the medical preparedness committee of the county medical society.
4. The county commissioner of public welfare.
5. A representative of the hospitals within the county.
6. A county representative of the New York State Dental Society.

7. A representative of the county chapter of the American Red Cross.
8. A county representative of the New York State Nurses Association.
9. A county representative of the New York State Pharmaceutical Society.
10. Other members to be designated by the chairman of the board of supervisors or the county executive as he deems fit.

In establishing the local official advisory health preparedness committees, Chairman Mailler wrote a letter to each chairman of the boards of supervisors in the various counties of the state, embodying the suggestions of the Health Mobilization Conference and requesting that the various chairmen furnish the Health Commission with a list of their appointees. The rest is history. Within a very short time local official advisory subcommittees were functioning in most of the counties of the state, and health resource surveys had begun to filter in to the Health Commission from the various county committees, where they were speedily put into the hands of competent analysts and statisticians.

Despite the speed with which the local committees had been set up, and the excellence with which they had undertaken the performance of their functions, it was thought advisable to call a meeting of all local health advisory committees together with the New York State Health Commission, the Advisory Subcommittee on health defense, and various experts in the field of health defense on the local, state and national levels. Considered a rather visionary idea when it was first suggested, the results by far exceeded the hopes of everyone concerned.

On Thursday, March, 6, 1941, a State-Wide Health Preparedness Conference, sponsored by the New York State Defense Council and the New York State Health Commission, was held in Chancellor's Hall, Albany, New York. This conference, epoch-making for many reasons, was of national importance primarily because, for the first time in the health history of New York State, or indeed of any state, representatives of the many organizations with public health and medical care responsibilities within the counties of the State were brought together, united in a common cause, health defense. It was obvious to all concerned that the local official advisory health preparedness committees, despite their great potentialities for service in the present emergency, could not function at their maximum efficiency unless some method were undertaken to inform them, painstakingly and thoroughly, of all important health defense activities to be undertaken. The satisfactory completion of these activities being, to a major degree, the responsibility of the various county committees, it was readily understood that a more intimate contact should be established between those operating at the various levels.

The purposes of the conference were to stimulate and encourage the Health Preparedness Programs of the Local Official Advisory Health Preparedness Committees; to provide an opportunity for the state organizations represented on the Advisory Subcommittee to outline desirable Health Preparedness programs for the local committees; and to facilitate the progress of the health resources inventory.

Invitations were addressed to fourteen members of the Commission, four members of the Commission staff, thirty members of the Advisory Subcommittee, forty-seven chairmen (or designees) of the Official Advisory Health Preparedness Committees in the various counties and in New York city, ten chairmen of the boards of supervisors in those counties that had so far failed to report the establishment of their local committees, six County Commissioners of Health, thirty-five Commissioners of Health of the larger cities in the State, twenty District State Health Officers, several Division Directors of the State Department of Health, additional members of state organizations and societies having responsibilities for health, and executives of medical or health programs in other state departments. The Health Commission was extremely gratified when attendance at the conference exceeded its most optimistic estimates.

The conference was divided into a morning session in Chancellor's Hall from 10:00 A. M. to 12:15 P. M., a luncheon session at the Hotel Ten Eyck from 12:45 P.M. to 2:15 P.M., which was addressed by Governor Herbert H. Lehman, in his capacity of chairman of the State Defense Council, Lieutenant-Governor Poletti, in his capacity of State Coordinator of National Defense, and Dr. James A. Crabtree, of the United States Public Health Service, Executive Secretary of the Advisory Health and Medical Committee of the National Defense Council. The addresses of Governor Lehman and Lieutenant-Governor Poletti were broadcast over radio station WABY. The afternoon session convened at Chancellor's Hall at 2:30 P. M. and adjourned at 5:00 P. M.

Governor Herbert H. Lehman acted as Honorary Chairman of the Conference. Lieutenant-Governor Poletti was Honorary Vice-Chairman, and Assemblyman Lee B. Mailler, Chairman of the New York State Health Commission, was Presiding Chairman at all three sessions.

The various papers and addresses that form the main body of this report represent long hours of work and research on the part of all experts in the various fields of health defense. To them, the New York State Health Commission and the Advisory Subcommittee wish to express their deepest gratitude for their public spirited generosity in preparing these studies and in the travel and inconvenience attendant upon giving them before the Statewide Health Preparedness Conference.

In the opinion of the Health Commission and the Advisory Subcommittee, they form an unparalled digest of information on the various aspects of health defense. The problems that will face every man and woman in the field of health preparedness are many and varied and will become even more complex in the days to come. We recommend these studies as a source-book to which all workers in this field can turn to for enlightment on many phases of the problem which confronts us all.

OPENING REMARKS

By

Hon. Lee B. Mailler

Chairman, New York State Health Commission

For the first time in the health history of the State you, as representatives of the many and varied organizations with public health and medical care responsibilities within the counties of New York State, have been brought together imbued with a common purpose, health defense. Your local Official Advisory Health Preparedness Committees which have been established in fifty-four counties of the State and in New York city have great potentialities for developing the health services of their communities to the high degree of efficiency necessary for an adequate defense program. These committees are being informed at this conference of the important health preparedness activities to be undertaken. Today's conference has been called for these reasons:

To stimulate the health preparedness programs of your local Official Advisory Health Preparedness Committees;

To provide an opportunity for the state organizations represented on the Advisory Sub-Committee to outline desirable health preparedness programs for the local committees; and

To facilitate the progress of the health resources inventory.

I have the honor and pleasure at this time to introduce to you, His Excellency, Governor Herbert H. Lehman, who in addition to his many tasks as Governor of the State of New York, has accepted in this crisis the added responsibility of the chairmanship of the New York State Defense Council.

ADDRESS

By

Hon. Herbert H. Lehman

Governor of the State of New York

Chairman of the New York State Defense Council

Mr. Chairman, Lieutenant-Governor Poletti, members and friends of the Conference, I am very glad indeed to participate in this state-wide preparedness conference. Just at the present moment I find it a little difficult to compete with the very delicious turkey that is being served, but I will do the best I can.

This conference is sponsored by the New York State Defense Council and the New York State Commission to Formulate a Long Range Health Program. I want to express my very great appreciation of the splendid work that has been done by Assemblyman Mailler and his fellow members of the New York State Commission to Formulate a Long Range Health Program. It is one of the best legislative commissions with which I have been familiar, and because of the excellence of its work, as has been shown by painstaking and conscientious efforts during the past two years, the New York State Defense Council and I, as Governor, have been very happy indeed to place in the charge of the Commission all matters relating to the health of the State of New York in connection with the defense problems with which we are confronted.

Assemblyman Mailler, I want to express to you and your associates on the committee my very sincere and real gratitude for the fine cooperation which I have had. I thank you heartily!

This matter of national defense is one with which I am greatly concerned. I am not now, and never have been, an alarmist, but it has been growing upon all of us of late, that we have been allowing ourselves to become the victims of a false sense of security. We have led the world in advocating that the swords be beaten into plough shares and that the world put its trust in humanitarian instincts and the brotherhood of man. Lately it has been forced upon us that there has been developing, on the other side of the water, a sort and degree of international lawlessness and gangsterism unequalled in the world since the days of Attila and Ghengis Khan. Today we realize our mistake—not too late, I hope, but certainly none too soon—and we have gone to work with characteristic American energy and determination to prepare for any contingency that may arise.

By no means the least important factor in preparation for defense is that which we are here today to consider: the main-

tenance and promotion of health at home. The maintenance of a high standard of health is important enough in normal times. It is doubly important in a time of stress when an unusual degree of vigor and efficiency is demanded of us as a nation, as a state and as individuals. It is essential to the strength and safety of our armed forces, and it is equally essential for strength and morale at home.

In the war-torn countries of Europe today epidemics of disease are almost as greatly feared as enemy invasion. People who are sick or whose families are sick are in no condition to bear the strain of defense against a ruthless enemy. In our own Spanish-American war, as has often been told, typhoid fever and dysentery and other communicable diseases killed more American soldiers than Spanish bullets. Malnutrition at home probably contributed to Germany's defeat in the first World War.

Incidentally, speaking of communicable diseases, I doubt if many people not actually engaged in health work fully appreciate what a change there has been with respect to prevalence of communicable diseases in the course of two or three generations, in our own state. The other day I saw a clipping from a Monticello (N. Y.) paper. It told of the discovery, in the cellar of one of the town clerks, of a book of minutes of the town board of health for 1878. Those minutes referred to an epidemic of scarlet fever in which seven children died in one family and many other families lost two, three or four members. The present health officer of this same town was quoted in the article as stating that there had not been a death from scarlet fever in the town in fifteen years, and no epidemic of any communicable disease in the same period.

In the same book of minutes, by the way, was a resolution calling upon the Governor of the state to take steps to protect the community against a horse suffering from glanders. I would be interested to know what the Governor (in 1878) did about it. Today, if such a communication came to the Governor's office it would be referred to the State Department of Health, and I have no doubt that within a very short time some one from the nearest district office would be on the scene advising the local health officer.

In a history of public health in Chautauqua, Cattaraugus and Allegany Counties, written by the Health Commissioner of Cattaraugus County and published not long ago, is another interesting statement bearing on the decline in prevalence of communicable diseases. In the city of Olean, according to the statement, 32 per cent of all deaths that occurred in 1888 were due to communicable diseases; in 1938 only 2.5 per cent.

These are striking examples of the changes which increasingly effective public health work and intelligent cooperation between practicing physicians and health agencies have brought

about. While the control of communicable diseases has produced results more generally noticeable, equally important and far-reaching improvement has been effected in many other less obvious lines. Deaths among infants under two years of age have been declining progressively over a period of at least twenty-five years. The most important factor, I am told, has been a cleaning up of the milk supply, plus pasteurization. The dangers of child-birth, both to mother and child, are showing signs of yielding to organized and systematically applied prenatal care and improved obstetrical care. This is a result of a movement in which the practicing medical profession in the state has taken an active part. It is one, incidentally, in which the women's organizations, quite naturally, have been actively interested. If we had any doubt about the significance and importance of all this, we have but to think of the open and aggressive efforts being made right now in many foreign countries to promote and protect child-bearing.

This brings me to the important question of the function of the county health preparedness committees, of which most of you, I think, are members. It is not my intention to attempt to suggest a program of activities. I presume you, yourselves, will have at least laid the groundwork for such a program before this meeting is over. I hope so because the value and effectiveness of the service of your committees will depend not only on your interest as individuals and your willingness to serve but on your programs being so organized and coordinated that you will all be pulling in the same direction at the same time. The planning of your program, then, is your job; but in this connection there is one thought I want to bring out and stress, and this is the most important thing I have to say to you: We are fortunate, in this state, in having already established, effective machinery for dealing with health problems. We have a well-organized state health department, manned by persons—physicians, nurses, sanitarians, nutritionists and others—who have been selected solely on the basis of their qualifications for their jobs. The field work of the department is organized on a district basis—twenty districts, each in charge of a trained and experienced medical officer. We have a system of state and local laboratories surpassed by none in the world; and we have some 900 local health officers, all physicians, many now well trained in public health, and a majority having at least some special training in this field. It would be a mistake to claim that this organization as a whole is perfect. No organization is. It has its weak points, like all the rest. It can be improved and, as time goes on, undoubtedly will be. But in the meantime we can say with assurance that few, if any, other states are as well organized as we are for protecting and promoting health.

The thought I want to stress is that the New York State

Health Commission should not consider taking over any activities which this official organization is carrying on or is prepared to carry on. Your work should supplement and coordinate. I conceive it to be your function to do the necessary things which the established organizations can *not* do; and in determining what things are necessary I believe you should be guided very largely by the officials of the established organization. This will be greatly facilitated by the fact that you have district state health officers and local health officers as members of your committees.

In conclusion, there is one thought, above others, which should stimulate and encourage you in the important work which you are undertaking. Many of the things for which we will have to give time, effort and money in preparation for defense will be of passing value, but anything we accomplish in the protection and promotion of health will be lasting. When the threat of war has passed and world peace and good will have been restored, it will be a permanent asset which will pay increased dividends in the years that lie ahead.

I want to say that I hope, very much hope, that this conference, which I think can be most useful, will continue to be of great constructive value to the people of the state throughout all its communities, not only in New York City but through every county and smaller unit of government in the State.

I wish for you the greatest success in the balance of this constructive conference.

ADDRESS

by

HON. CHARLES E. POLETTI

Lieutenant-Governor of the State of New York, State Co-ordinator for National Defense

Assemblyman Mailler, Governor Lehman, distinguished public officials and members of the State-Wide Health Preparedness Conference, we all realize, I am sure, that America is engaged in the greatest undertaking it has ever known—the task of preparing to meet any threat that may come against our lives, our homes, our liberties and our democratic institutions. We Americans, I know also, are fully conscious that the future of liberty, of democracy, and even of civilization may rest upon us.

The road ahead of us will call for the utmost of energetic endeavor and stamina. Above all, it will call for team work. There is not a man, woman or child who may not have to play some role, however small, in the successful prosecution of our preparedness programs. Many of the tasks that individual citizens may be called upon to perform are large; many of them are small; but in our united effort, every task must be well done.

There is no more urgent task in our defense preparations than the maintenance of adequate health services—not only for the armed forces but also for the civilian population. With hundreds of thousands of our young men mobilizing for training, with equal numbers of others mobilized in our productive defense industries, a smoothly functioning organization to provide sanitary protection and medical service is essential.

The state was fortunate in having, before this emergency, the legislative committee headed by Assemblyman Mailler. It had already been applying itself, diligently and intelligently, to the problem of health protection in normal times. When the state began its defense preparations, the Commission was ready to take over the organization of the health program and the coordination of all of the groups which might play a part in the program.

As State Defense Coordinator, I wish to make public recognition of the valuable services that Assemblyman Mailler, his committee and his staff, have rendered. May I also express my appreciation of the whole-hearted cooperation given by the medical, dental, pharmaceutical and nurses societies, the American Red Cross, and other organizations that have been working in this worth while activity.

We are fortunate in this state not only in having this Health Commission, but in having Governor Lehman, because he has vigorously indicated the importance of the state and local defense effort. Governor Lehman has been an energetic, sound and far-seeing leader in the defense plans of New York State.

The experience of the war in Europe has demonstrated that local agencies are more than ever essential in a national defense program. The functions of local governments in England have been greatly increased to meet changes in the techniques of warfare. Local units of civilian defense organizations have likewise been called upon to shoulder a constantly increasing burden of the defense work. The setting up of the New York State defense machinery has taken into account the lessons learned by England.

The English local agencies, for example, are having a great measure of participation in such activities as recruiting of new personnel to repair the loss of governmental employees volunteering for war service; supplying workmen for armament and aircraft work; recruiting and training persons for the air raid precaution service; the construction of air raid shelters; expansion of local police agencies to meet dangers of sabotage; maintenance of emergency fire fighting services; rationing of food supplies and development of new sources of food; maintenance of social services; provision for shelter for those whose homes are destroyed; shifting of women and children from danger points; adjustment of school and housing conditions to meet population shifts due to evacuation. In the health program, which has been all important, the local agencies have played a leading part.

It is highly important that the defense program be decentralized. The Federal government alone cannot do the job. Neither can the State government. It is necessary to establish a close working partnership of the three levels of government: federal, state and local. That is the reason for Governor Lehman's action looking toward the establishment of defense councils in the cities and counties of New York State. Organizations, local defense councils, have now been set up in most of the counties and cities under the defense legislation recently enacted. Their cooperation has been shown to be essential to the effective working of nearly every phase of the defense program.

Among the projects in which these local councils have already been called upon for assistance are defense production, including inventories of industrial facilities and labor supply, and farming out of contracts so as to expedite production; vocational courses to train men in skills essential to national defense; coordination of all of the police forces of the state in order to meet any possible emergency that may arise; and the administration of selective military service.

We feel that local officials, with their comprehensive and intimate knowledge of local conditions, can most effectively help to handle defense problems. The State Defense Council will undertake to give as much guidance, assistance and cooperation as it can to the local councils. For that purpose, the State Council will have personnel available to go to the various counties and cities to assist the local defense councils in the performance of their duties.

The contributions of local government have likewise been uppermost in the establishment of these county advisory health preparedness committees. With a membership representing such agencies as boards of supervisors, the state health department, county and city health officers, county medical societies, local public welfare agencies, hospitals, the dental society, the American Red Cross, the nurses' association and the state pharmaceutical society, your committees are well equipped to take any action necessary for the health of the locality in any emergency. In that connection, may I urge you all in the work of your health committees to operate in close collaboration with these local defense councils that have been established by enactment of the Legislature of our State.

Assemblyman Mailler's Committee is depending largely upon your efforts in the important task of mobilizing the health resources of New York State. He has, I am sure, received the most splendid cooperation from you, and we in the state are grateful to the representatives of the local committees who have gathered here today for their generous devotion to the furtherance of the health plan launched in New York State. This health plan is a most vital part of the American defense program.

With your intimate knowledge of local conditions, you, in cooperation with the local officials, will be called upon for help in innumerable ways. Whether we are federal officials, state officials, whether we are in a training camp, in a factory, in a business office, on a farm or in the home, national defense is going to touch each one of us. We must all stand shoulder to shoulder, each of us prepared to do the utmost to meet whatever comes in a spirit of loyalty, of self-sacrifice and of courage, for the defense of our beloved country.

MESSAGE

From

Mrs. Anna M. Rosenberg

Federal Regional Defense Coordinator of Health, Medical Care, Welfare, Nutrition, Recreation and Related Activities.

"Assemblyman Lee B. Mailler, Chairman,
New York State Health Commission

"Deeply regret that on orders of physician, because of attack of grippe, cannot attend Health Conference. I will appreciate it greatly if you will be good enough to read the following message from me to those in attendance at the luncheon meeting:

" 'A most inopportune attack of grippe makes it impossible for me to attend the State-wide Health Conference. I regret this absence all the more keenly because I have been looking forward to this opportunity to acquaint you with the plans of the Federal Regional Defense Council and the important part I feel the formulation of a health program will play in the future development of our work.

" 'The problems of proper public health and nutrition are of paramount importance in any well planned social program. In times like these, their relationship to the formulation of a broad defense program makes them essential.

" 'On behalf of Federal Coordinator Paul V. McNutt and myself, I wish to extend to you my congratulations on the work your Commission has already done in these fields. I believe that New York State has gone further than any other section of the country in this regard.

" 'One of my responsibilities as Federal Regional Defense Coordinator is to secure the cooperation of the best qualified groups in various fields of public health for the integration of these activities with the Defense Program both on state and on local levels. What I have learned of the work and activity of your Committee through Dr. Pierce and other members leads me to the conclusion that whatever work in these fields has to be done should be through your committee, and I hope we will be able to call upon you for work we feel necessary in the defense program.

" 'Let me tell you again how sorry I am that I cannot attend the conference in person. I will communicate with your Committee in the near future with regard to the program we can carry forward together.'

(Signed) ANNA M. ROSENBERG,

Federal Regional Defense Coordinator of Health and Welfare Activities in the Defense Program."

ADDRESS

By

Dr. James A. Crabtree

Surgeon, United States Public Health Service, Executive Secretary of the Advisory Health and Medical Committee of the National Defense Council.

Technological advances and complexities of social organization have developed at such a rapid pace during the past century (more especially during the last two decades) that modern methods of warfare, both offensive and defensive, have become almost completely revolutionized.

Today, war is essentially a contest of industrial productivity. Its strategy is not to kill soldiers, but to destroy civil institutions, to break civilian morale, to terrify the helpless and the unarmed, and to cripple industrial output. It is this kind of strategy that has introduced the phrase "total war" and has led to the concept of "total defense"; and from this concept there emerges the general principle that health and physical fitness are as essential to national strength and unity and to protection from invasion as tanks, airplanes, bombs and ships, for without the former, the latter can be neither produced nor used effectively.

Thus, at present, the need for adequate manpower is as fundamental to civil institutions as to military establishment, i. e., manpower which when brought to bear upon our natural resources through channels of wise management produces instruments necessary for successful military defense.

The conservation of that manpower has exercised the imagination of medicine and public health for many centuries, viewed, however, as a social and not a military objective. Yet, in times of emergency, when institutions and the way of life cherished by a people are threatened, military objectives become social objectives and thus the contributions which have been and can be made by medicine and public health in the protection and conservation of the human resources of our country lose none of their significance. Indeed, they become enhanced in importance.

Viewed in this manner, health preparedness requires no new concept of public health or of medical service. It merely reminds us that as scientific knowledge has found perverted channels of employment to step up and enhance the *destructiveness* of warfare, scientific medicine and public health face similarly increased opportunities and responsibilities for *constructive* service in making our nation sufficiently strong to meet the challenge.

The real challenge which now faces medicine and its related disciplines is whether it has the ingenuity to reorient, direct or expand its efforts in such manner that these increased opportunities and responsibilities may be met.

The Federal government is attempting to assume, within appropriate limits, a share of the responsibility for directing the efforts of medicine and public health toward effective national preparedness. This attempt found expression first through the creation of a Health and Medical Committee by the Council of National Defense, charged with the responsibility for coordinating the health and medical programs affecting the national defense, of making investigations considered necessary as a basis for recommendations to the Defense Council and of mobilizing the medical and health resources of the nation to the end that its vital elements so essential to national strength and unity may be intelligently conserved and utilized.

Later this coordinating responsibility was placed upon the Administrator of the Federal Security Agency, but by the terms of the order of transfer, the Health and Medical Committee became attached to the Agency for the purpose of advising and assisting the Administrator in carrying out his duties as Coordinator of Health, Medical, Welfare, and Related Activities.

One of the first acts of the Health and Medical Committee was the creation of six subcommittees, each representing broad segments of professional and community interests within the health field: hospitals, medical education, dentistry, nursing, industrial health and medicine, and Negro health. These subcommittees are giving generously of their time and talent to the many complex and pressing problems peculiar to their several fields of interest. It is hardly necessary here to enumerate the many problems which present themselves in these several fields nor to apologize particularly for the fact that a long list of specific clear-cut accomplishments cannot at this time be announced. You will realize, I am sure, the extreme complexity, from a national point of view, of many of the issues involved by reason of the extraordinary diversity in social, cultural, and economic patterns which typify American Regionalism.

The hospital problem has been considered from the point of view of finding ways and means of maintaining some reasonable balance between the contributions which must be made to support our military establishments on the one hand, and those necessary to the health interests of the civilian population on the other. The maintenance of an essential nucleus of staff and the protection of internes from call to military duty prior to completion of internship have been considered along with the other elements of a broad personnel problem, and although there are certain statutory considerations which impose limits upon formal national policy, I believe it correct to say that all of the Federal agencies in Washington, without exception, that have

administrative responsibilities in connection with this personnel problem are in complete accord with the principle of insuring an uninterrupted supply of medically trained graduates to meet the increasing needs of the country, both military and civil.

Consideration is also being given to the need for further extension of hospital facilities in critical defense areas where the influx of population has been of such magnitude as to seriously overburden existing facilities. I believe this to be a matter which requires direct Federal assistance.

In the field of industrial health and medicine, the Committee has been both active and, in my opinion, intelligent. Specific recommendations have been made for action on many of the pressing problems related to our enormously expanding industrial program. These recommendations refer to training of large numbers of personnel in industrial medicine, hygiene and nursing, significant expansion of the Division of Industrial Hygiene of the United States Public Health Service, safeguarding especially the health of workers employed in the industrial establishments of the War and Navy Departments, and further researches into many new industrial processes in order to evaluate their hygenic importance.

The United States Public Health Service today has five teams or units, each unit consisting of a specially trained physician, an engineer, and a chemist, with additional personnel as required, who serve as "flying squadrons" available to go anywhere in the country on short notice to provide essential consultation service, in cooperation with the state and local health departments, to any defense industry which may require such assistance. It is anticipated that the number of these teams will be tripled within the relatively near future.

Under the joint sponsorship of the Subcommittee on Nursing and the United States Public Health Service, an inventory of registered nurses is well under way, the results of which may be expected to serve a purpose similar to that of the inventory of physicians being carried out by the American Medical Association.

In the Selective Service process, health and medical considerations have had both serious and sympathetic reception by those responsible for the planning and administration of this unprecedented peace-time national enterprise.

Large concentrations of troops into camps and cantonments, with the inevitable influx of new population into the surrounding areas, introduce problems of health, education, recreation, housing, and general welfare which challenge the ingenuity of the health and related forces of the entire nation. The Public Health Service has assigned a senior medical officer to each of the Corps Area Headquarters of the war department to facilitate coordination of civilian-military relationships and to insure that the efforts of all agencies concerned may be directed toward not

only the protection of the health of the military forces but also a cushioning in every way practicable of the impact of public health hazards against the civil communities involved.

The concept of total war leads to a concept of total defense. Total defense involves the recruitment of not only men and materials, but of knowledge. Newer methods of warfare require newer methods of defense. These newer methods must apply to military medicine and hygiene no less than they apply to newer methods of anti-aircraft measures or improvements in tank construction. The best talent of the country is being recruited to consider ways and means of extending our knowledge of the human problems which enter into national preparedness.

The fields of aviation medicine and physiology, neuropsychiatry, chemotherapy, tropical disease, and many of the specialty segments of medicine and surgery are being explored in a very aggressive way because of their peculiarily strategic importance to military preparedness.

Time does not permit any further enumeration of the many detailed situations with which your Federal government is concerned in this great human responsibility. However, you must have concluded by now that no gigantic blue print has been drawn in Washington, defining the task of each individual or of each community.

The health and medical job for the country as a whole is merely a summation of the jobs on the several home fronts. The intelligent and aggressive manner with which your organization is approaching the job on the New York home front is, in my judgment, an unequivocal answer to the most important question before the world today; that is, will a democracy work? To me, this is enlightened democracy at work.

ADDRESS

By

Hon. Oswald D. Heck

Speaker of the Assembly

On behalf of the Legislature—I can extend that even further, although I don't know whether the Governor would want me to do it this morning with the fight over the budget—I can say on behalf of the people of the State of New York I want to welcome you to the city of Albany.

I know that you are engaged in a very important task. As a member of the New York State Defense Council, may I say that your deliberations and the deliberations and work of Mr. Mailer's Commission have often been discussed, and I can assure you that we on the State Defense Council recognize the value of your work. We know the amount of time which you are devoting to the task at hand, and we recognize how important the work is in which you are engaged. There will be many more important problems for you to solve as the tempo of industrialization in this state is quickened. It has already come to our attention that in many local communities where business has suddenly expanded problems pertaining to sanitary and hygienic conditions have suddenly arisen that must of necessity be solved, in order to carry on the high record of safety in public health which the State of New York has so far achieved and held. Therefore, I want to congratulate you now upon the things you have thus far accomplished, and thank you on behalf of the State of New York for what you are doing, for your devotion to your jobs and for the sacrifices of time and money that you are making. You may rest assured that we who are in, shall I say some of the executive positions, are cognizant of your activities. We know that if it were not for the cooperation of public-spirited citizens like yourselves we would never be able to achieve the program that we have set for ourselves.

THE AMERICAN RED CROSS AND HEALTH PREPAREDNESS

By

Bertha Allwardt, R.N.

American National Red Cross, Nursing Field Representative

The American Red Cross functions under a Congressional Charter, and has two primary charter obligations, Home Service and disaster relief. Every local Chapter of the National Organization is obligated to undertake these before assuming responsibility for any of the seven other basic services, such as public health nursing, life saving, civilian relief and the like.

Of the two charter obligations, only disaster relief would be of particular interest to the group gathered here today. By disaster, I mean a situation, usually catastrophic in nature, where numbers of persons are plunged into helplessness and suffering and, as a result, may be in need of food, clothing, shelter, medical care and other basic necessities of life.

If a disaster is to be met adequately and efficiently, someone must previously have arranged for meeting the problems that are apt to arise. Therefore, every Chapter is urged to organize a disaster preparedness committee. This, with its many sub-committees, will look after and plan for all phases of the disasters which might occur within the Chapter jurisdiction.

Time prevents my describing the work of every sub-committee. Since you are particularly interested in Health Preparedness, I shall confine my remarks to a discussion of those phases which would affect the lives and health of the disaster sufferers.

Because disasters usually leave medical problems in their wake, the sub-committee on Medical Aid is an important one. It is composed of physicians, dentists and nurses, and takes for its objective the aim that every disaster sufferer, who needs it, will have medical and nursing care, whether or not he is able to pay for it. This committee works closely with the health departments and all other already existing health agencies in the community, so that all medical and nursing problems will be adequately met, duplication of effort prevented, and an integrated program result.

No matter how thorough and complete this committee's plans are, however, there is always a period of confusion that comes immediately after a disaster. To meet this, it is well to have many citizens so trained that to a large extent they may be self sufficient and so, able to meet the emergency problems confronting them and their families promptly and with at least some

degree of proficiency. After they have done this, they may be of help to their neighbors. Here the Red Cross courses in Home Nursing, First Aid and Life Saving are of great value. The students are taught safety and preventive measures as well as what to do in emergencies until skilled help is available, and in disasters we frequently find persons, trained in first aid, either manning the First Aid stations entirely or helping physicians carry on the work.

These Red Cross courses are so planned that anyone in the seventh grade or above may be included in groups under instruction. The aim in giving the courses is primarily to produce a safe, healthy and reasonably self sufficient population. In doing this, however, we are also developing a group of citizens who can be, and are, intelligently helpful to their neighbors and friends, who know their limitations, and know the value of good medical care.

To get back to the disaster, if refugee centers need to be established, they become the responsibility of the Red Cross. The Chapter volunteers step in to do what they can to make the centers safe and as comfortable as possible. The Motor Corps swings into action, brings the refugees in, if necessary, and then sees to it that personnel, supplies, and equipment are transported to the shelters. These workers may also use their conveyances to take patients to hospitals or emergency stations. They may transport physicians, nurses and medical supplies to sections nearer the scene of disaster, or wherever they are urgently needed.

The Canteen Corps workers are usually women who understand large scale cookery, who have an understanding of dietary needs, and who are now being offered Red Cross courses in emergency feeding. Wherever Red Cross shelters are set up, these Canteen workers set up the kitchens and begin to provide food for the refugees. They may function in another way too. They may set up feeding stations or canteens close to the scene of disaster, so that workers who are trying to bring order out of chaos may have warm nourishing food, without any loss of valuable time.

That we have Red Cross Highway First Aid Stations, you all know. You have seen the signs on the main thoroughfares and, if you are average motorists, you have slowed down a bit, and probably wondered just what makes a certain spot a Red Cross First Aid Station. Well, first of all, it is necessary to have a well trained first aid person in charge at all times. The Station is supplied with certain first aid equipment necessary for giving adequate care, even in more serious conditions. I refer to such things as traction splints and special bandages. The Station is subjected to frequent inspection in order to keep it on a high level. It is one place where you might well expect to find skilled first aid help no matter what the cause of the accident might be.

While every Chapter is expected to organize effective disaster

committees and be ready for any eventuality, it does not have to stand alone in large emergencies. The National Organization is always ready to send its experts into any territory where there is any need. These are well trained, experienced workers, who know the resources available to the National Organization. They can be, and are, of great help to the Chapters. Still it is the Chapter, and its officers, that are at the scene of disaster first.

In conclusion, I should like to say that this group would also be interested to hear about the public health nursing services our Chapters conduct, as well as to have a discussion of our Red Cross Nurse Reserve. This reserve is used by the Red Cross to supply disaster stricken areas with additional nurses, and by the Army and Navy in national emergencies, such as we are going through now, or in a war emergency. I rather imagine that other speakers will discuss these. In the time given me, I merely wanted to convey to you the assurance that the Red Cross is, as always, ready. Ready through its Chapters and through the National Organization to assist in any plans which lead to preparedness.

THE NURSE AND NATIONAL DEFENSE

By

Alta Elizabeth Dines, R.N.

Director, New York State Nurses Association

Speaking from the distaff side of Health Preparedness, I fell moved to tell that old story of the American Revolution in which a young private remarked sadly to his corporal, "Ain't it a shame we ain't got no flag to fight this here war with?"

The corporal met the sergeant and said, "Ain't it a shame not to have a flag to fight this war with?"

The sergeant saluted the lieutenant with, "Ain't it a shame there's no flag to fight this war with?"

So passed the comment from lieutenant to captain, to major to colonel. The colonel was face to face with General Washington. "It's a shame, General, that we have no flag to fight this war with.

General Washington was on his way to have a quiet moment with his friend, Betsy Ross. Sitting in front of her kitchen fire, the General said, "Isn't it a shame we have no flag to fight this war for independence with?"

"Here," said Betsy, "hold the baby while I *make* a flag."

I hope that we shall soon arrive at Betsy Ross' hearth with our proposals for the health of the people of New York State in our plan for defense.

As part of the State-Wide Defense Program, the nurses (54,000 R. N.'s) of this State wish to help bring about a better understanding of health in every New York home, with all the happy implications for a better functioning America, and energies released for speedier, more intelligent, more rapidly cooperative workers for national defense.

For the past year, activities related to preparedness and national defense have been prominent among all organized nursing groups in the professional membership organizations, national, state and local, as well as in official and non-official nursing services.

First came the concern and planning of the service end of expanded military effort—the nursing service of the American Red Cross, whose roster of enrolled nurses comprise the reserves for both Army and Navy. Even before national preparedness plans were formulated, the National Advisory Committee on Nursing of the American Red Cross set the wheels in motion for speeding up the enrollment of First Reserve nurses, so that if and when needed, Red Cross nurses would be available. An

effort was made to stimulate thinking on the part of employers of nurses and those responsible for schools of nursing which would result in quick releasing and planned replacements of nursing staffs so that both civilian and military needs would be met *selectively* and *promptly*. Consistently, thought has been given to disturbing schools of nursing and essential civilian services requiring nurses as little as possible. Administrators and teachers have been encouraged to plan to remain in their positions as a patriotic duty commensurate with a call to arms.

As a result of Red Cross Committee work in this state, came the idea of a state-wide inventory with a double purpose:

1. Of publicizing the probable need; and

2. Of finding out who would be available where. This enlarged into plans for a nation-wide inventory, which is now under way, and which furnished impulse to the formation of the Nursing Council on National Defense in July, 1940. This Council of organized nursing antedated the Sub-Committee on Nursing of the United States Government Council on National Defense.

And so the General gets to Betsy Ross!

Now, what is being done in each community of New York State about Nursing and National Defense? Each County Committee for National Defense appointed by this Commission has two nurse members. I understand that programs for coordinating all local defense efforts and associating them to the State Commission are under way. I hope so. I know that the nurses on these County Committees are working toward speeding the completion of the inventory of nursing resources for their own communities and are acting as centers of correct information about everything which concerns nurses in National Defense.

In some communities, plans are under way for nurses' rallies to arouse patriotic response among possible First Reserve nurses for service in the military camps, also among married or retired nurses for substitute or emergency service in their own communities, whether in hospitals or public health agencies.

Directors of nursing are planning for release of their Red Cross First Reserves (unmarried nurses under forty with no physical handicaps.) Employers of nurses are being encouraged to extend the same safeguarding privileges to these nurses who go into the Army or Navy as are extended to the young men drafted into service.

The group of retired or married women who once were well qualified active nurses and who would gladly help their own communities to meet the emergent need, are being prepared for this return to nursing. Thirty-seven Refresher Courses to be given in leading hospitals have been planned by the Leagues of Nursing Education in the State of New York. (Some of these are well under way.) Theory and practice will bring up to date these nurses who have been out of touch with nursing procedures and practices for some time.

Nursing magazines and bulletins are filled with clear, direct, and authoritative information about army, navy and civilian needs for nurses with the requirements explained.

Of the 1,203 First Reserve nurses who have been assigned to Army camps in the U. S. A., 157 were from New York State. Incidentally, one out of seven examined was rejected for physical reasons. One hundred twenty-nine have been appointed by the Navy from the Third Naval Reserve, and of these one out of three examined was rejected for physical reasons. At least 3,000 more nurses will be needed in active defense service before June of this year. Before the end of 1941, according to conservative authority, we should have 10,000 additional nurses to meet all expanding needs. Because New York has by far the greatest number of nurses of any state in the United States, our nursing power will be reduced considerably in the next few months to meet these Army and Navy requirements.

Already, there is a shortage of well qualified nurses; hence, recruiting for more and better nursing students is also the order of the day and should have the serious attention and support of all of you who wish good nursing for civilian as well as military population. Good nurses are not made in a few days; nor does nursing education finance itself.

The matter of sound financing of increased and improved facilities for educating nurses seems an important one to be considered by the State Commission to Formulate a Long Range Health Program. So far, those over-burdened service agencies—our hospitals—have carried too much of the financial load for nursing education purposes. A better plan for organizing and financing nursing education is imperative in this defense program if adequate numbers of well qualified nurses are to be available as needed.

So much for the speeding-up activities of nurses and nursing organizations at this period of national stress.

We shall not be content until every nurse in this country has been aroused to analyze her responsibility as a citizen and a nurse, and has been inspired to do her utmost to serve where she is most needed by her country. To this end, we are bending our energies.

The nurses of this state believe with all on this commission that as a part of national defense, there should be a carefully planned health program put into action in each county and community of New York. This is a challenge and an opportunity for the County Committees appointed by this Commission.

Thousands of young men and hundreds of young women have been found, upon examination by capable physicians, to have physical defects which rule them out of any military service. Our plan for nation defense will be weak indeed if we do not devise means of providing the medical, nursing and other health care necessary to put these people back into our communities,

sound in mind and body, so that they can cope with whatever lies ahead. I need not mention the fact to this audience that well citizens function better than ill or potentially ill ones; and that well citizens should need fewer curative medical services; hence, the more your community concentrates on the health of the citizens, the better prepared will be your community to *share* its medical and nursing services, in order to meet the increased demands of the defense forces of Army and Navy and of the inflated industrial areas. It seems a time for stressing the fact that each patriotic citizen can aid in national defense by attaining and maintaining his optimum health. Therefore, we recommend to each County Committee:

1. A definite plan for offering to every young man and woman rejected for Army or Navy service because of physical disability whatever health advice and medical service are needed.

2. The co-ordination of medical and nursing forces in each community for diagnostic medical services and careful follow-up for the late adolescents and young adults in civilian life. Inherent in this suggestion is a plan for ready access to indicated curative care.

3. A plan to stimulate cooperation in this effort toward better health in each community by increasing and improving health classes, by preparing and distributing widely effective posters and literature, etc., through already organized groups—schools, industries, churches, lodges, clubs, personnel of hospitals, health organizations, etc., etc., stressing:

a. Hygiene—personal, family community;

b. Nutrition—(already admirably begun in thirty counties, setting an example in community cooperation that we all shall want to emulate);

c. Preparation for marriage, home-making and parenthood:

d. Home Nursing and First Aid—(already under way through the Red Cross in many communities);

e. Acceleration of programs for early diagnosis and prompt curative measures for tuberculosis, syphilis, etc.

4. The fourth recommendation is for a state-wide publicity campaign regarding these efforts, as an important part of national defense.

If adequate public health nursing is as important as we have been led to think it is for the carrying through of such a health program, there is need of increasing the public health nurses in many communities of this state. Quoting Miss Sheahan, Director of Nursing of the New York State Department of Health, "In order to be realistic, we have more or less set a goal of one nurse to every 5,000 population for both urban and rural areas." And such authorities as Dr. Winslow say there should be one to every 2,500. Therefore, I commend that the County Committees

here represented act upon the discrepancy between this minimum standard and the existing public health nursing forces in their various communities, and that they recommend as legitimate and appropriate defense expenditure the indicated increase.

Surely, enlighened and courageous leadership at this time can pull together for this great common patriotic interest—health for national defense—all the organizations concerned in every New York community.

With a few added stars, that flag which Betsy Ross made is still our flag, the flag of the United States—the reason for our being here today. Long may it wave over a nation of healthy citizens!

SANITATION IN THE DEFENSE PROGRAM

By

Charles A. Holmquist

Director, Division of Sanitation, State Department of Health

The Division of Sanitation of the State Department of Health has developed a comprehensive program for the control of environmental sanitation as a defense measure. Special attention is being paid to the safeguarding of public water supply and sewerage systems, to the control of sanitation in extra cantonment and troop maneuver areas, improving sanitary conditions in possible evacuation areas, and the supervision over the sanitary conditions of camps and hotels and boarding houses not served by public water supply and sewerage systems. This work is being carried out under definite provisions of the Public Health Law and the State Sanitary Code.

It is generally recognized that a water supply adequate in quantity and of safe sanitary quality is a most important need in any community as it is necessary not only for domestic use and for industrial purposes but also for fire fighting. Realizing that the protection of public water supplies and the prompt restoration of service in case of interruption are of prime importanse in any defense program, we addressed letters to all works officials on July 23, 1940, pointing out that they had a grave responsibility to see that their systems are safeguarded against sabotage and, in case of war, protected as far as possible against attack. They were advised to examine their systems carefully to determine what portions are most exposed to attack and to make plans immediately for safeguarding them.

Copies of these letters were sent to all of our nineteen district sanitary engineers and they were directed to confer with all of the water supply authorities in their district and to assist them in every way possible.

Our activities are confined largely to giving advice and assistance relating to the maintenance of adequate water supplies and the safeguarding of their sanitary quality. Our central office and all of our district offices are provided with portable chlorinators which are available upon request in case of emergency in any part of the state. For advice and assistance in the protection and safeguarding of dams, intakes, aqueducts, water tunnels, pumping stations, treatment works and reservoirs the water officials are advised to call upon the local police and, if necessary, the Division of State Police.

Our engineers are advising water authorities that the follow-

ing are among the more important precautions that should be taken to assure the continuity of service and the maintenance of a safe supply:

1. The installation of duplicate supply mains or conduits.

2. The installation of standby or duplicate sources of power and transmission lines.

3. The installation of reserve pumping equipment.

4. The making of provision for an adequate supply of various pipe fittings, hydrants, valves, etc., needed for emergency repairs, both to safeguard water supplies against immediate emergencies and to provide against the scarcity of such materials if and when manufacturing plants are engaged more and more in war work. The same suggestion applies to the maintenance of adequate supplies of spare parts for pumps, motors, gas engines and chlorinators.

5. The installation of standby chlorinators and emergency chlorination equipment and adequate supplies of chlorine for the treatment of regular and emergency supplies.

6. The making of provision for the chlorination of all treated water stored in open reservoirs at points where it leaves the reservoirs in order to safeguard the supplies against the effects of any bacterial pollution maliciously introduced into such open reservoirs by saboteurs.

7. The development of additional or auxiliary water supplies, especially in places where water shortages have occurred in the past or where additional water will be needed to care for domestic and industrial uses resulting from the establishment or expansion of defense industries.

8. The patrolling of pipe lines and dams.

9. The fencing and floodlighting of dams, pumping stations and water treatment plants and keeping unauthorized persons away from the vicinity of such structures.

10. The thorough investigation of the personnel and especially applicants for positions and to remove any untrustworthy employee either from the job or from duties that will give them access to vital points of the system. Reports from the war zone in Europe indicate that sabotage is more apt to be perpetrated by disloyal employees who are familiar with the layout of water works than by strangers who do not have such inside information.

11. The organization of adequate repair crews should be organized so that broken water mains may be restored to service with as little delay as possible.

12. The making of provisions for the distribution of water to residents in tank wagons or other containers in case of a prolonged interruption of water service.

Similar precautions should be taken in connection with municipal sewage treatment works, although the destruction or the

interruption of the operation of such works would not be so serious as in the case of water works.

Another condition that may create a menace would be the indiscriminate induction into service of a large number of water and sewage works operators. In large plants in charge of a trained and experienced chief operator and a number of experienced assistants, the loss of one or two men would not be a serious matter, but at small plants having only one experienced operator the loss of such a man might create a serious menace to the supply and health of the population served. It would seem that your county committees could use their influence to prevent the crippling of the operation of water and sewage works.

One of our major problems in the supervision and control of the sanitary conditions in areas adjacent to Pine Camp (the maneuver area in northern New York) was the protection not only of the soldiers but the civilian population. Through funds allocated to the Department by the United States Public Health Service we employed fourteen engineers for a period of two months last summer to inspect tourist houses and camps, roadside stands, diners, restaurants, taverns, hotels and boarding houses where food and drink were dispensed. Special attention was paid to water supplies, toilet and sewage disposal facilities, milk supplies, the washing and disinfection of glasses and eating utensils, and the storage and handling of food and milk in restaurants and other eating places. The work started one month before the commencement of the maneuvers in order to correct as many defects as possible before the arrival of the soldiers and civilian visitors. During this two month period 4,074 inspections were made of 1,895 different establishments. Of the 3,115 defects or violations of Chapters VII and VII-A of the State Sanitary Code found on the first inspection, 1,996 defects, or 65 per cent, were corrected by the end of August. A large number of other improvements, such as new or additional water supplies and sewage disposal systems, which could not be completed during the maneuvers, are now being made. That this work was effective is indicated from the fact that no epidemics or outbreaks of disease occurred in the communities in the northern part of the state during the Army maneuvers last August. Much credit for this record is due to the Army and local authorities, restaurant and hotel proprietors and others for their cooperation. We plan to continue this sanitary supervision next summer.

We have also kept in close touch with the developments of water supply and sewerage systems not only for the military camp but also for the large construction force at Pine Camp and plans for these facilities have been approved by us in accordance with the provisions of the Public Health Law. Our work has been facilitated by the fact that the local commanders have

instructions from Washington, D. C., to comply with state sanitary regulations.

Among the military posts where we have given assistance on the solution of water supply or sewage disposal problems are Madison Barracks, Mitchell Field, Fort Niagara, Fort Ontario, Pine Camp, Plattsburgh Barracks, Fort Slocum, Fort Tilden, Camp Upton, Fort Wadsworth, Watervliet Arsenal and the United States Military Academy at West Point.

A large number of problems have arisen in connection with providing water supply and sewerage facilities for the large increase in population in the vicinity of new and expanded national defense industries in the state. As of February 18, 1941, 321 industries had been awarded government contracts for supplies and equipment. These industries are located in 107 different municipalities in New York State exclusive of New York city. Fortunately most of these industries are located in our larger cities, including Buffalo, Rochester, Niagara Falls, Schenectady, Utica, Watervliet and Yonkers, all of which are provided with adequate and satisfactory water supply and sewerage facilities. In a number of instances, however, such as the works of Republic Aviation Corporation and Gruman Aircraft Co. on Long Island, where no public water supply or sewage disposal are available, it has been necessary to install individual water supply and sewage disposal facilities. Our district engineers are furnished with lists of defense contracts as they become available and they get in touch with the proper officials and cooperate with them.

I was pleased to learn that the President has just sent a special message to Congress requesting an appropriation of $150,000,000 to help defray the cost of extending water and sewer systems in towns that have expanded to house workers in defense industries.

It is possible that the Catskill mountain region may be used for housing evacuees from the New York metropolitan area in case of war. In that area, which is under the supervision of our Middletown and Kingston Health Districts, there are 360 camps and nearly 5,000 hotels and boarding houses not served by public water supply and sewerage systems. The supervision of the sanitary facilities of these establishments in an endeavor to prevent the outbreak of disease due to unsafe water and milk supplies and unsatisfactory sewage disposal systems is a major problem. A request for funds for the employment of four permanent and twelve temporary junior camp sanitarians has been made to the legislature and if such funds are appropriated, as we believe will be the case, we are planning to concentrate our inspection work in that area and secure correction of sanitary defects and violations of the State Sanitary Code.

The fact that our District State Health Officers are members of the County Committees should facilitate close cooperation

between these Committees and the State Department of Health. Our engineering personnel also stands ready to cooperate in every way possible in any matter relating to environmental sanitation within the limits of our resources. Our work, however, will be handicapped by the loss of engineers entering the service. We have already lost two engineers in key positions and shall probably lose six more in the near future.

INDUSTRIAL HEALTH WORK IN THE STATE OF NEW YORK

By

Leonard Greenburg, M. D.

Executive Director, Division of Industrial Hygiene, New York State Department of Labor

The citizens of the State of New York are indeed fortunate in having at their command a most energetic Commission designed to formulate a long range program. This Commission, along with the New York State Council of National Defense now presents a new and added emphasis on health in national defense.

This morning I should like to call your attention to one aspect of the health problem which is of deep concern to a very large proportion of the working population of the State. I refer, in particular, to the problems in the field of industrial health.

By virtue of the statutes of the State of New York, the Industrial Commissioner and the Labor Department are charged with the duty of health and safety protection in industry. For this purpose the Department of Labor has developed a highly integrated organization consisting of a Division of Statistics and Information, Workmen's Compensation, Engineering, a rule-making body known as the Division of Industrial Codes, a Division of Inspection and, finally, a Division of Industrial Hygiene. These various Divisions work together jointly in order to conserve health and life in industry.

The Division of Industrial Hygiene provides technical services to all of the Divisions previously enumerated. We are provided with a staff of physicians, chemists, engineers and safety experts whose duty it is to conduct investigations and to provide technical advice to employers, employees, unions and all other persons interested in this field.

According to the latest available figures there are in the State of New York 46,883 factories employing 1,260,581 employees. In addition to this, there are a large number of quarries; approximately twenty-five mines; tunnel, building and excavation projects of various kinds, all falling within the jurisdiction of the Department of Labor.

The task of health supervision among this large group of workers is by no means easy of accomplishment or small in scope.

In the brief time at our disposal this morning, it is impossible to do more than summarize the work of the Division of Industrial

Hygiene. All we may hope to do is to briefly mention some of the outstanding accomplishments to serve merely as a guide to the nature of the work this office does.

In connection with the control of silicosis, no less than 1,000 samples of minerals and rock from various locations of the State have been analyzed for their silica content. During the past year alone, in connection with silicosis, more than 1,000 dust determinations were made, 120 of which were made for the Division of Inspection in connection with enforcement of the Rock Drilling Code.

In connection with the control of working conditions on the Delaware Aqueduct, 130 ventilation tests were made including some 400 air measurements, 200 chemical determinations of the atmosphere and 196 dust counts were conducted. In the year 1940 nearly 1,800 sets of engineering plans for exhaust ventilation were examined for official approval by the Division. These exhaust systems are designed for the control of dusts and toxic materials in the atmosphere of workrooms. Official approval by the Division of plans for ventilating systems provided protection for over 9,000 workers in the State of New York.

In addition to the large volume of work carried on in connection with other Divisions of the Department of Labor, the Division of Industrial Hygiene conducts studies concerned with the prevention of occupational disease in those industries and occupations which the Division has come to feel require further study and knowledge. During the past year studies have been undertaken to determine the effects of silicosis on the heart and lungs. Approximately 1,700 X-ray pictures were taken of workers in some twenty-eight dusty trades. Special studies have been conducted in those industries employing solvents for degreasing purposes; coal tar distillates as solvents and diluents for sizing solutions in the straw hat industry; solvents in the motion picture industry; various chemicals in the electroplating industry and in the making of fluorescent signs; studies in dermatitis and in allergy with particular reference to the fur industry, eye protection in industry and various other problems of importance in the factories of the State. In addition to this, because of the demolition of the elevated railroads in the City of New York, special attention was given to the prevention of lead poisoning in connection with burning operations on such metal structures; studies were made of medical services for tunnel workers and many other subjects of real significance to health maintenance in industry.

Early in the course of the present emergency, the Division of Industrial Hygiene realized the urgent need for adequate health protection of workers in connection with the National Defense effort. And, accordingly, it was decided to organize a national defense program for this Division which would attempt to keep pace with the rapidly increasing industrial activities in our State in order to insure the conservation of man-power for total defense.

In many plants, defense orders have been relative small, and have necessitated no important changes in the physical setup of the plants or their operations. In others, however, increasing personnel without a corresponding increase in the size of the plant is threatening to seriously reduce the available space per worker, thereby creating conditions of crowding wherein operations which had hitherto been entirely innocuous suddenly become hazardous from the occupational disease standpoint. Thus, soldering on a small scale is entirely without hazard to health, but when performed by a considerable number of people working close together in a single room it may cause lead poisoning.

Some plants, in expanding the volume of their work, are finding it necessary to use new chemicals, the toxic properties of which are unfamaliar. Or, they may find it necessary to use greatly increased quantities of chemicals, which they know to be toxic, but which they have always used safely. Failure to appreciate the need for a change in the techniques formerly employed in the handling of these materials to meet the new situation may result in serious and unexpected injury to the health of those exposed.

For example, many of the defense contracts in New York State are going to the machine shop and tool industries. Here, increasing quantities of trichlorethylene are being introduced for degreasing purposes. Degreasing tanks are hurriedly installed, one after another. Special ventilation is not always provided because there is no suspicion that it is necessary until workers begin to complain to the medical office. As a matter of fact the proper use of these tanks is not only feasible, but is actually economical of solvent, if one knows how to go about providing suitable ventilation.

Preliminary visits to these plants have revealed an eagerness on the part of management and plant physicians alike to get all possible data on ways and means to safeguard the health of their workers—and to get it in a hurry. The offer by the Division of Industrial Hygiene of a technical service along these lines, without charge, has therefore met with a hearty reception.

Each week, this Division receives a list of all plants in New York State getting defense contracts. To these a form letter is sent out offering the services of its technical staff of physicians, chemists and engineers for the elimination and prevention of health hazards.

Quoting in part from this letter:

> The Division of Industrial Hygiene of the New York State Department of Labor is a technical division of the State government, provided with physicians, engineers and chemists who are prepared to aid you in the prevention of occupational diseases. In connection with your contracts we believe we can be of service to you in one or more of several ways and, of course, there is no charge for such services.

I. *Medical Service*

We shall be happy to confer with your plant physician and give him the benefit of our special experience in the field of occupational disease prevention; our special knowledge of the toxicological properties of the particular substances you are using; indicate to him the type of medical supervision which will best elicit the earliest signs of poisoning and thus prevent unnecessary illness and compensation cases in your plant.

II. *Engineering Service*

We are prepared to make engineering surveys of your plant including studies of ventilation problems; the removal of dusts, gases or vapors; and assist you in the design or redesign of your equipment to take care of the increasing demands on your plant facilities. Advance information along these lines will often save you money. As you know, it is expensive to remedy a hazardous situation after it has been created.

III. *Chemical Service*

Our laboratory is at all times available to you for dust counts; air analysis and the analysis of materials to provide you with data as to their toxicity.

In short, we are prepared to offer you the services of our technical staff of physicians, chemists and engineers for the purpose of preventing occupational injuries and diseases which now is more important than ever before, both from a production and financial viewpoint.

Enclosed is a list of our publications and a list of engineering plans for basic ventilating equipment, any of which you may obtain without charge by writing the Division of Industrial Hygiene at 80 Centre Street, New York City.

Please check the perforated slip at the bottom of this letter giving us the name of your plant doctor, and indicating how we can be of assistance to you, and return in enclosed self-addressed envelope.

For convenience, tear off and return, when filled out, to Dr. Leonard Greenberg, *Director, Div. of Industrial Hygiene,* 80 Centre Street, N. Y. C.

Following is the name of our physician. We should be glad to have you communicate with him on the prevention of occupational hazards in our plant.

.....

Name of Physician Address

We would appreciate your making
( ) A general engineering survey of our plant
( ) A survey of one or more special processes
( ) Dust counts
( ) Air analyses
( ) Send us literature as follows:

We understand there will be no financial obligation on our part for these services.

Corporation.....

Address.....

Date.....

The last portion of this letter is a tear sheet on which they notify us of the name of their plant physician and any other services they require.

Accompanying this form letter offering the services of the Division, we send a list of all of our publications which now number approximately eighty-two and to which new material is being added constantly. In response to the many requests received thus far we have been able to distribute a large volume of the latest available information on the protection of the health of workers in industry to those directly concerned with the problem at a time when they are actively interested in it.

A second enclosure with the defense letter is a basic list of engineering plans with drawings and specifications for typical industrial processes requiring ventilation or other types of protection Among these are the following:

Specifications for a ventilated soldering bench; for a paint spray booth; exhaust ventilation for a band saw, a belt sander; an exhaust hood for a portable grinder, etc. At the present time there are twenty-five of these detailed drawings available for distribution for as many typical plant operations. In this way it is possible for industry to set up satisfactory control devices without any waste of effort or time. The consulting engineer or the plant engineer, if they have one, has immediately available a guide for the design and construction of suitable devices for dust control or the control of toxic materials.

Finally, we enclose one or more sample leaflets and engineering drawings relating to such processes or chemical substances as are, on the basis of the contract given, believed to be especially applicable to the needs of the particular plant. For example, if it is a chemical plant, we send them material on the chemical industry. If it is a machine shop, we send them specific material relating to the machine tool industry.

A personal visit is being made to each plant by a member of the Division's technical staff for the purpose of discussing in detail any additional plant problems as they arise, particularly those relating to occupational disease hazards. In many instances we find that the erection of new buildings is being contemplated, or has already been begun. Employers in this situation frequently ask us for our advice with reference to their plans for the new building. Where processes, now in operation, are to be carried out in such new buildings, we are often asked to make a technical appraisal of the existing setup in order to provide the employer with data as to whether he should duplicate the existing setup exactly in the new building or modify it so as to achieve more effective protection for the health of the workers to be employed therein. It is far less expensive to forsee these situations than to have to introduce belated measures for the prevention of health hazards after machinery has been installed and plant operations have been set in motion.

In each case, the plant physician is interviewed by one of the physicians of the Division, either in the plant or at his private office, in order to talk over the types if illnesses which have been coming to his attention, with a view to developing the most effective type of medical supervision applicable to the concrete situations with which he is dealing.

In the aeroplane industries now being surveyed in New York State, we found that a paint spray is being introduced in large quantity which contains zinc chromate and toluol—the latter constituting approximately 50 per cent of the whole. This is in accordance with War Department specifications. The well-recognized need for using properly designed spray booths for all spray-painting operations becomes ever so urgent when a solvent as potentially toxic as toluol is used.

While proper spray booths were found to be available in most places, special situations were observed requiring special control measures. For example, when the plane is finished, it is rolled into a large enclosed room for a final spray coat. Here several workers spray simultaneously—practically at one another—and despite ventilation the air is saturated with a fine colored mist of the paint. Most of these workers were found to wear respirators—but in many cases the respirators were not suitable for this type of exposure. Many employers and workers do not, as yet, appreciate that there are various types of respirators, each adapted to a special type of exposure. Thus a respirator intended for protection against dust is without value in protecting a worker against volatile solvents such as toluol. Serious injury to health has occurred as a result of this.

Similarly, there is one stage in the manufacture of the plane where the part to be painted cannot be moved to a booth from its place in the workroom, but must be sprayed on the floor where it stands. A movable exhaust hood operating from a rail on the ceiling has been suggested to meet this extremely hazardous situation.

It is apparent from the foregoing very superficial presentation that the work of industrial health in the State of New York is a problem of major magnitude and at this time of national emergency the problem is still more commanding. It behooves all of us to work as energetically and as constructively as we can for the common good and it behooves health workers to bend every effort so that the industrial worker may be more efficient at this time.

The health worker in local areas assumes more than usual importance at this time of national emergency. The field of industrial health work is one in which you can render great service chiefly in bringing State effort to bear on local problems and in making local factories and employers more cognizant of the importance of health work in the confines of their factories. Your contacts with local employers and with labor unions and individual workers should be utilized in an educational campaign for the stimulation of greater interest in this field. The services of your local organization may well be placed at the disposal of industry and labor so that they may themselves be aided in developing health and accident prevention campaigns. The local health worker possesses in some respects a great advantage over the worker on a State-wide scale in that the local health worker possesses these close contacts which we must utilize to the fullest if we are going to achieve the full fruits of our effort.

The question arises in your minds as to how this may best be accomplished and, naturally, in the brief time at our disposal one cannot discuss this subject in any detail. Suffice it to say that by local meetings fostered by official and unofficial agencies, along with representatives of labor and industry, it should, and wherever it has been tried, has been possible to come to a meeting of the minds and the development of a plan for organized effort along with the assistance of State and County health officials and the State Department of Labor. The New York State Department of Labor is willing and eager to aid and assist local authorities in the development of plans for such campaigns with reference to health and safety in industry. To this end we have dedicated our efforts during this national emergency and we eagerly await your call for further assistance and help in this direction.

THE SCHOOL AND NATIONAL DEFENSE

DR. ERNEST E. COLE

Commissioner of Education, State of New York

Frankly, I was at considerable loss to know just where I, as a representative of the children, fitted into this health preparedness program, which appears to contemplate invasion from land, sea and air, and what we are to do in such cases. Perhaps, Chairman Mailler, the school authorities of this State, in the cities particularly, should give some thought to just what they will do with the children in case of aerial attacks, but, so far as I know, up to the present time that problem has not seemed imminent, and God grant that we may never have to give it any consideration. The paper that I have prepared this morning, chiefly along the lines of a long range health preparedness program for the children and the citizens, may not be of any great interest to you people who are discussing an immediate preparedness program.

The schools are responsible in a large measure for the health and physical fitness of the citizens of the state. While it is true that children are in school only a comparatively small part of their time, yet the health habits and physique acquired in that short time are quite sure to have a tremendous effect upon their welfare and happiness all through life. Many children suffer from physical defects and disabilities which, if discovered in youth, may be remedied and even cured. The foundation of healthy adult life must be laid in childhood and youth.

It is imperative, then, that the State maintain in the schools a strong, sound health program which emphasizes every phase of health and physical fitness. The Legislature became fully aware of this at the time of the last World War. As a result laws were enacted mandating that medical inspection and physical training be provided for all the children of the State. Later the Legislature broadened and strengthened these laws in many respects.

The record shows that the schools of the State have rendered a wonderful service in health and physical education during the past decade, a service fully commensurate with the amount of funds made available for the purpose. I am certain that the physical examination of the selectees called up in the present emergency will show a much higher degree of physical fitness than was discovered in 1917. In fact, along this line Colonel William J. Donovan in an article entitled "Who Says We're Soft?" recently had this to say:

> "Health is one of the two prime requisites for a strong national defense. The other is morale. Back in 1936 our American Olympics team competed in Berlin with the pick

of the world's young athletes and walked off with the lion's share of the honors. Today, four years later, we see new evidence of national vigor in the young men enlisting in the nation's armed services. Youths who volunteered for armed service in 1940 averaged two inches taller and fifteen pounds brawnier than their fathers who enlisted in 1917. By March 5th approximately a million soldiers will be under arms. The young men being drafted for this army are as fine potentially as any American fighters have ever been."

On first thought it may seem that the immediately pressing problems of national defense are not concerned with the children now in school. However, a little consideration will cause us to realize that the physical welfare of these children is of vital interest. The young men and women in our schools today will be the "bearers of burdens" tomorrow. That we must act quickly and effectively was foreseen as early as last September. Committees and councils were formed for the purpose of stimulating health and physical education in our schools. Courses of instruction were reviewed, facilities examined, and a concerted effort inaugurated in our public schools, to the end that a still more effective and universal health protection shall be provided for all the children. Educational authorities throughout the state are cooperating splendidly and doing everything possible to make sure that the whole health program in our public schools, including health services, health teaching and physical education, is carried on vigorously and efficiently. To assist localities, the Education Department has prepared and distributed to the schools circulars and handbooks which fully describe what we believe to be a sound and comprehensive program of health and physical education. Copies of these publications are always available.

We have also been fully aware of the needs of another group, that is, the out-of-school youth between the ages of eighteen and twenty-five, and for many years have carried on a program of health and education for them. Recently this work has been greatly stimulated by the establishment, in the Department, under the leadership of President William A. Eddy, who was generously granted a leave of absence by the Trustees of Hobart College for the purpose, of a Division of Civic Education for National Defense for Out-of-School Youth. When it became necessary for President Eddy to return to his duties at Hobart, the State was fortunate indeed that the Board of Education of the City of Ithaca, being impressed with the importance of the work, loaned its Superintendent of Schools, Mr. Claude L. Kulp, to the Department to head this Division for the balance of the current year. A State Executive Committee on civic education and national defense also has been appointed for the purpose of advising in this work. This committee is composed of interested and public-spirited citizens who serve without pay. I quote from that part of their program which relates to health and physical education:

"All authorities agree that the ultimate reservoir of morale is the physical and mental health of our citizens. Civic education for national defense must therefore include every practical effort to improve the health of the future soldier, defense worker, homemaker and citizen. It is proposed to extend the following sample services and activities to all out-of-school youth wherever community resources permit; general health examination; special tests; tuberculin, Wasserman, chest X-ray, optical, dental; lectures, discussions, study groups on health and hygiene with printed sources and visual aids; instruction on nutrition, public health, personal and social hygiene, first aid and home nursing."

The services to be employed in developing and carrying out this program of civic education for out-of-school youth must necessarily be largely volunteer. The work has already been started in a number of communities of the State and will be extended to other localities as rapidly as possible. Under the general supervision of Dr. N. L. Engelhardt of Teachers College, Columbia University, who is a member of the State Committee on Civic Education and National Defense, handbooks are being prepared which Doctor Engelhardt has described as follows:

"In simple understandable language a handbook of soldier hygiene should present all of the problems of personal care and group hygiene. The series of vaccinations and inoculations required should be reviewed here. The time of giving these shots should be discussed. All of the problems of camp care that are associated with hygiene, sanitation and illness should be treated in anticipation of camp needs. The program of the Red Cross and its local organization for pre-service care will be important phases of the work to be included here.

"A handbook on recreation and outdoor interests would form a splendid basis for developing in prospective trainees the kinds of interests which could be pursued during leisure camp hours, or which would add to the social gains of men who have gone to camp. They should be given an understanding of the amount of time that is available for self-development in camp. Games and sports, not only of the mass variety but of the individual and pair type, should be presented. The development of specialized hobbies should be such as to afford a basis for constructive teaching."

It is hoped that in the near future these handbooks, along with other publication of this Division, will be made available throughout the State.

Under the leadership of the State Education Department the schools of the State are doing their part toward the realization of

a comprehensive program comparable to that recommended by the American Youth Commission. That program includes the following elements:

(1) Physical examinations;

(2) Remedial attention and care for specific defects;

(3) Food adequate in quality, abundance and variety;

(4) Physical work or exercise;

(5) Adequate amounts of sound sleep;

(6) Good environmental conditions;

(7) Recreation; and

(8) Health education for self-directed health habits.

We understand full well that such a program cannot be attained in a moment and that its attainment will require the united efforts of every citizen interested in the health of our people. We, therefore, invite the aid and assistance of every group interested in statewide health preparedness. With your cooperation and support we are sure that New York State will have a health preparedness program which will be a model for the nation.

LABORATORY SERVICES

By

Augustus B. Wadsworth, M. D.

Division of Laboratories and Research, New York Department of Health, and New York State Association of Public Health Laboratories

Members of the Conference and Guests, since the first World War, in fact since 1914, laboratory service in New York State has been developed, without interruption, in accordance with the basic principles early established, namely, decentralization through the development of independent local laboratories in collaboration with the central state laboratory. The main objective has been to provide such adequate facilities that any emergency may be met. In all these developments the New York State Association of Public Health Laboratories, through its Council and committees, has taken an important part. The original plan and present organization therefore constitute a solid groundwork on which to build a program of preparedness, but adequate support from both the state and the localities will be required for any expansion of present activities. The foundation has been laid, but these essentials are required for the superstructure. With adequate financial support, the chief problem will be the maintenance of standards, which, since the reorganization of the laboratory in 1914, have received the wholehearted support and approbation of the Governors, Commissioners and Committees of the Legislature—in particular, of Governor Lehman and Commissioner Godfrey.

Organization of laboratory service in the State provides central service with supervisory functions in the Division of Laboratories and Research, a branch of the central laboratory in New York City, and a decentralized service through local laboratory approval. In line with the recommendations of the 1930 Health Commission, approval of local laboratory work in bacteriology and serology has been extended to include approval for pathology and additional sanitary examinations. The type of organization of local approved laboratory service is dependent to some extent on geographical and population factors. Adequate service in certain areas includes a relatively large laboratory organization with an associate or assistant director meeting the qualifications laid down by the Public Health Council, and a corresponding staff of assistants. Laboratory service in largely rural areas has been achieved for the most part by the pooling of all interests in the district. Hospitals have furnished space and certain other facilities. The county has made appropriations and State aid has been granted. By this type of cooperation well-qualified laboratory directors have been obtained who divide their time between the two or more laboratories needed to provide facilities for the district. The services of such men are of incalculable value to practitioners and health officials.

The scope and extent of the services rendered by the local approved laboratories, facilitated by State aid, have advanced so rapidly during the past ten years that 128 approved laboratories now serve approximately four-fifths of the state, exclusive of Greater New York.

In certain districts, however, the local service is inadequate or lacking and must be supplemented or supplied as far as practicable by the state laboratories. These discrepancies should be eliminated without delay. Increase in the scope or volume of work in any locality will require, in addition to the necessary equipment and supplies, either additional staff of technicians or more or less complete laboratory units to meet the expansion; all of which obviously can be most economically and most effectively attained by the development of mobile units operating from the central laboratory in Albany or the branch laboratory in New York City.

The minimum requirements for the extension of local service have already been presented in outline to the Commission in the report submitted by the Committee on Laboratory Service in Connection with State Preparedness of the State Laboratory Association, in collaboration with the Division of Laboratories and Research.

I understand each chairman of the County Health Preparedness Committees has received from the Commission the specific suggestions for his particular locality. These suggestions are all important for the development of adequate essential facilities.

For example, in districts surrounding New York City, local laboratory facilities will need to be strengthened. The requirements under peace-time conditions in these generally thickly populated areas are great, particularly during the summer months. In the event of a serious emergency, a considerable exodus from the City of Greater New York would present an unprecedented problem. Also, the civilian populations should be adequately protected in areas in which industries are being rapidly expanded. Districts in which military personnel will be located should receive special consideration. A canvass of the laboratory facilities in the State has been made, and the information obtained is now on file and available at the Central Laboratory in Albany.

Laboratory service is the foundation of present day medical practice. No physician can fulfill his responsibilities to his patient and no health officer to his community without laboratory service. The standards of medical practice in any district are directly proportional to the character and extent of the laboratory service available. I do not refer to any one branch of medicine, nor do I stress any one branch of laboratory service. The aids to diagnosis, treatment, and prevention included in the ever-expanding fields of laboratory services are of vital concern to any community, not only in emergencies such as confront us at the present moment, but in every day life. Thus it is that in fulfilling the responsibilities of the preparedness program, or for

that matter any long range health program, the approach and the objectives are necessarily identical. The County committees represented at this Conference have now had defined by the Commission the responsibilties in regard to the protection of civilian health through adequate laboratory services in their several districts. Each county should have its laboratory service supported as outlined—either by expansion of present facilities with local county funds or by establishment of additional services with county or city funds under State aid. The State, in turn, should act promptly to provide mobile units operating from the central laboratories; otherwise a technical staff trained in the performance of their several tasks will not be available and essential facilities will be lacking. Any action taken by the State or the local districts to meet the present emergency will not be wasted but will contribute directly to future developments in any long range program affecting the health and welfare of every citizen of the State.

A LONG RANGE DENTAL HEALTH PROGRAM

By

John H. Carter, D.D.S.

President-Elect of The Dental Society of the State of New York

The Dental Society of the State of New York was chartered by the State in 1868 to regulate and improve the practice of Dentistry. It has kept pace with the world in which it finds itself, and recognizes at the present time the emergency that exists, and is willing to cooperate to the fullest extent in correcting conditions which we know, as dentists, need correction.

The Dental Society of the State of New York does not sponsor a dental health program. Such programs are set up locally. It has no dental health literature, depending on the Bureau of Public Relations of the American Dental Association for such material.

The Oral Hygiene Committee of the State Society promotes dental health mainly by training graduate dental hygienists to fit into the school system. The Chairman of this Committee acts as a registrar of those trained individuals, on call for school authorities.

The Dental Health Education Committee of the Society acts as adviser on current knowledge to the hygienists in the educational system of the State.

The Society wholeheartedly endorses the work being done in the Division of Maternity, Infancy and Child Hygiene of the Department of Health under Dr. Ast for the indigent pregnant mothers and pre-school children of the rural sections. We feel that it is of great importance, although of necessity limited, as all operative procedures would be.

We are also keenly appreciative of the interest and cooperation of the Department of Education in promoting dental health in the schools. Dr. Van Alystine for many years has had a huge task to perform to orient the teaching of Oral Hygiene into the school system. If the state is to formulate a long range health program to include dental health, it is this phase of the program that will have to be expanded, for with all that has been done from all sources, decay of the teeth continues to hold forth as the most prevalent disease of mankind. It is not contagious, which makes it an individual problem, and therefore a most numerous one.

From current information, dental defects continue to hold first place as a cause for rejection in the United States Army induction centers, with eyesight second. This rating makes it a

defense problem, and of special consideration at the moment. This is not news to the dentist who stands at the chair and sees the parade of neglect and the subsequent destruction year in and year out. Let us look at the problem as it really is: Approximately 25 per cent of the population are going to a dentist; 25 per cent are indigent and cannot go to a dentist; 50 per cent can go to a dentist but do not go.

It becomes apparent then that some agency will have to care for the indigent. The other 50 per cent fit into the long range program.

There are two ways of bettering dental health: One is through operative procedure on the individual in the dental office; the other is by cultivating a sense of personal responsibility early in life, and since it is the whole business of education to make people think this is where education fits into the dental problem, for dental care pays if you do it, and does not pay if you don't do it.

From six years on, teeth have three cycles: The erupting period from six to twelve years; the period of greatest decay from twelve to eighteen years; and then a substantial reduction in the incidence of decay in the later years. Thus the first two periods fit into the long range health program, which of course includes dental health.

Dentists, dental hygienists and school nurses are important in fact-finding examinations, but are not effective in actual teaching in the schools. Someone who has a background of teacher training, plus a subsequent training in dental health, and who could handle these two assignments, is our first and most important requisite. There should also be an elaboration of dental health information in the normal schools and teacher colleges of the state.

An effective dental program for the school child consists of the following:

1. A continuous health program that is an integral part of the curriculum and conducted by the classroom teacher, with interesting and authentic teaching units, in which the pupils participate to the extent that the child will be motivated to seek the means to preserve his dental health.

2. A remedial program that prevents the accumulation of untreated defects. This is the responsibility of both the child and the parent, as well as the dentist.

3. A remedial program for the dentally indigent administered by the Department of Health.

4. Active participation in the dental program by all community groups, including health departments, schools, parent-teacher, civic and service organizations.

PHARMACY AND THE DEFENSE PROGRAM

By

Robert R. Gerstner

Chairman, Board of Directors, New York State Pharmaceutical Council

Mr. Governor, Mr. Chairman, Distinguished Guests and Members of the New York State Commission to Formulate a Long Range Health Program, it has already been emphasized by the previous speakers that the National Defense Program places upon those of us who are concerned with the health of the community a grave additional responsibility, that of erecting health machinery capable of coping with our military needs and at the same time maintaining and improving the health status of the civil population and coordinating both halves of this stupendous program into a rounded whole.

That the immensity of the task confronting us was foreseen by the Governor and Legislature is evidenced by the creation of a New York State Commission to Formulate a Long Range Health Program. The work of this Commission thus far has been to explore the many factors which add up to an integrated policy on public health and to agree upon the framework of the organization which will be required to establish a modus operandi and to execute administrative details of the program.

The profession which I represent, Pharmacy, has been privileged to take a not insignificant part in this preliminary groundwork and I am confident that the registered pharmacists of the State of New York will respond to whatever added responsibilities future exigencies thrust upon them, in accordance with the spirit and principles of our ancient profession which place the health needs of the community above personal gain.

Speaking as its recognized representative, I repeat that Pharmacy is ready to answer the call. The New York State Pharmaceutical Association, representing the registered pharmacists of the Empire State, has named a Pharmacy Preparedness Committee to act as a liason body between this Commission and the individual pharmacists of the state in the end that whatever is promulgated by this Commission, in so far as it involves Pharmacy, be relayed to the individual pharmacist. The New York State Pharmaceutical Association through its Pharmacy Preparedness Committee intends to keep a watchful eye over pharmaceutical participation in our long range health program. This vigilance, I think you will agree with me, will reinforce us in the performance of our obligations.

Now just where does Pharmacy fit into our program? Broadly speaking, Pharmacy can be divided into five groupings:

1. The pharmacist in our military forces.
2. The hospital pharmacist.
3. The pharmaceutical manufacturer.
4. The pharmacy college.
5. The retail pharmacist.

These classifications are all represented in our New York State Pharmaceutical Association, although several have their own functional organizations as well. Let me briefly enumerate how each of these groups can be called upon to assume certain special functions for which they are best qualified and how their total contributions properly coordinated will dovetail with the long range health program.

The first grouping, the pharmacist in the military forces, needs no further explanation. The duties and functions of this group are very specific and are outside the scope of this Commission.

The hospital pharmacist represents an important segment of our profession. With respect to this group, a survey should be undertaken of every hospital in the state, private as well as public, to determine the kind and extent of drug supplies and equipment on hand, particularly such drugs and equipment needed in the control and cure of epidemics, and whether trained pharmacists are available for the preparation of medical compounds.

New York State undoubtedly has more durg manufacturers within its borders than any other state. A complete survey should be made of these plants, their output, facilities and professional personnel.

Our state maintains six Colleges of Pharmacy, in Albany, Buffalo, Manhattan, Bronx and Brooklyn, where each year are graduated hundreds of young men and women who enter the profession of Pharmacy. We require a thorough knowledge of their present equipment and teaching staffs, as it may be necessary to make use of these institutions in a plan to teach practical pharmacy and first aid to large numbers of people who must be trained for emergency first aid posts.

I have left for the last a discussion of the retail pharmacist because I think he represents the most important part of our pharmaceutical body. Firstly, his is the largest group, and secondly, the retail pharmacist is closer to the public than perhaps all other persons engaged in public health activities.

In scanning through the special report of the New York State Commission to Formulate a Health Program, dated January 10, 1941, I note that of the eighteen problems which are enumerated as those likely to require organization and coordination, at least twelve of them would entail the cooperation of retail pharma-

cists. I cannot take your time here to elaborate upon these problems, but suffice it to point out, that in each instance the essence of the question is public education and one of the best agencies for this aim is the corner drugstore and the neighborhood pharmacist. The busy doctor may see his twenty patients a day; yet even in a small drugstores about 200 persons enter in the course of a day and many hundreds more see its windows. This gives us an indication of how valuable an adjunct the retail pharmacist can be to us in our effort to acquaint the public with the messages, suggestions and instructions which this Commission may have to offer in the future. Not only can the retail pharmacist and his registered clerks assist in this program through word of mouth, but pamphlets and bulletins can be distributed through the drugstore and the windows and counter displays of pharmacies can be utilized in the dissemination of health propaganda and information. As an additional service, the neighborhood pharmacy can perform a most valuable function as an auxiliary first aid station and as a supply depot for drugs, medicines, vaccines, biologicals, serums, vitamins and other medical supplies and sundries.

In order to present to the Commission an over-all view of the pharmaceutical resources and potentialities in this state in the way of man power and facilities, we are about to undertake a comprehensive survey of our profession and industry, and I hope that at a subsequent conference we will be in a position to furnish the Commission with accurate statistics and a definite presentation of the pharmaceutical phase of the long range public health program.

OPTOMETRY IN HEALTH DEFENSE

By

Harold Hutcheson

President, New York State Optometric Association

The mobilization of the nation's manpower for defense, through both military and civilian channels, has thrown into bold relief the high proportion of visual defects in relation to the total of all physical impairments.

Surveys covering the health of military conscripts and industrial workers, as well as the general population, indicate that the incidence of visual deficiency is considerably higher than has been generally suspected.

The most comprehensive figures on the extent of visual deficiencies in the United States as collated from studies covering nearly one million persons show that 23 per cent of the population under age 20, 48 per cent under age 40, and 82 per cent under the age 60, have defective vision.[1] Furthermore, approximately one-half of the persons in this country requiring the correction of visual defects have not been receiving eye care.[2]

It is obvious that such widespread visual deficiency has a very detrimental effect on the health, safety, and productive capacity of those involved, with a corresponding decrease in the effectiveness of whatever work, industrial or military, they are carrying on as a part of the defense program.

The most frequent cause for rejection of the candidates for enlistment in the air corps was faulty vision.[3] In the New York area visual and dental defects constituted the most important causes for rejection of men by physicians at army induction centers after the men had been accepted by local draft boards. Reports from other areas indicate similar conditions.

Most serious from the standpoint of detrimental effect on productive capacity and output is the alarming prevalence of visual defects among industrial workers. A large proportion of industrial accidents are due to faulty eyesight. The waste caused by inefficient production due to defective vision is incalculable. With every effort being made to increase production, it is reasonable to expect that easily remedied defects should not be permitted to stand in the way of full utilization of productive capacity.

Another important aspect of the problem of defective vision is the extent of deficiences among school children—the workers of tomorrow. The consequences of long standing neglect in this field are apparent in the unsatisfactory visual conditions of large numbers of men called to military service.

It is evident that the problem is great, but it is also a recognized fact that the problem is largely solved. By far the majority of eye defects are errors of refraction which are *all* subject to correction by relatively simple methods. A survey[4] has indicated that of patients having eye conditions, 94.8 per cent were patients who required only the correction of refractive error or other conditions which came within the scope of optometric practice.

As stated[5] by Dr. Louis S. Reed, Senior Economic Analyst of the U. S. Public Health Service, "The conclusion is inescapable that the number of properly qualified physicians is altogether insufficient to carry the present load of eye refraction work." His more positive reasons for the utilization of optometrists are presumably the facts that optometrists are qualified, trained and licensed to perform the needed services, and furthermore, that they are available in larger numbers and in more satisfactory geographical distribution than any other group of qualified practictioners. The solution lies, as stated by Dr. Reed, "in organized cooperation between the ophthalmologist and optometrist and the division of labor between them."

The American Optometric Association, through the Public Health Bureau of its Department of National Affairs, has been carrying on voluntary public health activities throughout the country since early in 1939. Since that date, public health bureaus have been established in each of the 48 state associations and in the District of Columbia, each with a state director. Two hundred and fifty local public health bureaus have been established, each with a local director and from two to four committee members. Thus the number of optometrists who have been trained in public health work, and who can be relied upon to assist materially in the organization and direction of a public eye care program, number roughly 1,000.

The public health activity of these bureaus, often undertaken in conjunction with, or at the request of, local, state, and federal public health agencies, has provided a background of experience which will be of value in any health or eye care program undertaken by a government agency.

The public health activities undertaken by the national, state, and local public health bureaus of the American Optometric Association fall into the following categories:

1. Education of optometrists in public health optometry as well as in the broader aspects of public health work.
2. Industrial surveys and examinations.
3. School surveys and examinations.
4. Cooperation with welfare agencies in surveying and examining low-income groups.
5. Cooperation with motor vehicle officials in highway safety measures.

6. Research on eye care and visual problems.

7. Cooperation with defense agencies, including the Social Security Board, the National Youth Administration, and the U. S. Navy.

Organized optometry is prepared to utilize the experience gained in all of these fields to assist concretely in the administration of any eye care program undertaken by governmental agencies. The specific contributions that the American Optometric Association and the New York State Optometric Association can make in the administration of such a program or programs are:

1. The interpretation of administrative regulations to practitioners in the field, in order to secure uniform and equitable administration throughout the state and country.

2. The formation of standard examination procedures fitted to various needs.

3. The classification of all optometrists according to their qualifications.

4. The classification of qualified optometrists according to availability of service.

5. The determination of the most economical method for the distribution of the needed services.

6. Evaluation of new techniques.

In short, the state and national optometric associations are a well organized professional group which can marshal the services of the best qualified members of the largest existing group of eyesight specialists. As such, they can serve better than any other agencies as the point contact between administrative agencies concerned with eye care and the professional personnel which will be required to furnish eye care on an adequate scale.

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MEDICAL CARE AS PART OF PUBLIC ASSISTANCE

By

David C. Adie

Commissioner State Department of Social Welfare

Medical care programs operated by departments of public welfare in New York State have one very simple objective—to provide medical care of good quality for persons unable to provide it for themselves.

Whatever the program, whatever the mechanism, medical care should be provided to the needy sick promptly, effectively and with due consideration for the efficient use of public funds.

The height, breadth and depth of these medical care programs is revealed in two sections of our basic statute—the Social Welfare Law. Let me quote:

"Section 184. *Responsibility for providing medical care.* The public welfare district shall be responsible for providing necessary medical care for all persons under its care, and for such persons, otherwise able to maintain themselves, who are unable to secure necessary medical care. The determination as to medical care necessary for any person shall be made with the advice of a physician.

"Section 185. *Place of care.* Medical care may be given in dispensaries, hospitals, the person's home or other suitable place."

With all this talk of legal responsibility and administrative machinery, we must never forget that we are dealing with individual men, women and children. There is a danger in forgetting that back of all the machinery there must be a philosophy, and back of that philosophy there must be a conviction.

Ill health causes us to be haunted by fear, and fear as it haunts us, drags down our health. The lack of health interferes with our capacity to earn, and the lack of an economic capacity creates fear—thus, unchecked our "plummet of despair" spirals ever downward—unless there is some miraculous suspension of the spiritual equivalent of Newton's Law.

However, if we wish to give a practical expression to our instincts of neighborly helpfulness—to promote good health and provide medical care for those who need it, when they need it—we must be organized on a community basis.

Public assistance, including necessary medical care, is now administered and financed by three units of local government—the town, the city and the county. The State has certain powers of supervision over all forms of relief administered by local governmental agencies and reimburses them for part of their costs.

For the purpose of local administration of public relief, the State is divided into fifty-seven county public welfare districts and six city public welfare districts which have the same powers as a county district. The administrative head of each public welfare district

is known as the commissioner of public welfare. Forty-six cities which form part of a county public district, appoint city public welfare officials and in each of the 811 towns which administer relief, the town board appoints a public welfare officer or authorizes the supervisor of the town to act in this capacity. In 47 of the 57 county public welfare districts, responsibility for the administration and cost of relief is divided between the county public welfare district as a whole, and the towns and the city or cities located in the district. In the other ten county districts town responsibilities have been transferred to the county.

The present complexity of the systems for the administration of medical care for the needy sick is due in part to statutory limitation and in part to a strict observance of the home rule principle.

The town welfare officer administers medical care in the home or at the physician's office for persons residing and having settlement in the town. All city departments provide medical care in the home and hospitalization for home relief recipients and the medically needy and six city public welfare districts provide also for old age assistance recipients. A few counties are responsible for all forms of relief which are not provided by the cities within the county public welfare districts, including hospital care for town residents.

In administering or distributing medical care, the welfare official who is not himself trained in medicine, must make use of the medical resources which he finds in his community. He uses the services of physicians, dentists, nurses, pharmacists and related personnel, hospitals, nursing homes, clinics and laboratories. He must provide for the distribution of drugs, medical supplies and prosthetic appliances. It is in the discharge of these duties that there is the greatest need for close cooperation and collaboration with other local health and welfare services, both public and private.

It is obvious that an administrative pattern, which would work effectively in one welfare district might be entirely unsuitable for another. Therefore, to achieve effective state supervision, it was felt that rather than apply a detailed state-wide pattern—maximum flexibility could be obtained by a simple codification of policies and procedures covering the essential elements of a well-rounded local medical program designed to provide a high quality of individualized care, while at the same time conserving public funds.

During the past year, the Department of Social Welfare has shifted its emphasis to a decentralization of medical care administration, with local medical and fiscal responsivility—within broad state requirements and general supervision.

An approved local medical care program operated by a welfare department should provide at least for the following:

1. Greater centralization and integration of the administration of medical care to persons receiving all categories of relief.

2. Local professional medical direction of the medical program in order that medical judgment may be brought to bear on the problems of providing appropriate preventive and curative care for relief recipients and the medically needy and of keeping expenditures at the lowest cost consistent with quality and efficiency.

3. Effective working agreements between the welfare departments, medical care and public health agencies in the community in order to effect a full utilization of existing facilities and elimination of expensive duplication.

4. Accurate recording of data concerning not only the total cost of the medical care program but also the costs for various items, individual patients, and types of illness.

5. Better coordination of medical care and social service functions in the welfare departments, to insure the complete individualization of each patient's medical and social rehabilitation within the limitations of his disease or infirmity.

I cannot emphasize too strongly this last point—namely the importance of the social services in medical and surgical rehabilitation—particularly in the correction of physical defects and in the treatment or prevention of chronic illness. Great progress in this field can be made by the close collaboration between the organized professions—medicine, dentistry, nursing, and social work.

In order that no time or effort is lost, there is a need for a continuity of medical and social services and records for the individual patient and his family.

There is a need to think of economic insufficiencies; that wages in the factories must be commensurate with the right of a man to have a family and to protect that family; that the public must arouse itself to the need of prompt care because health is purchasable,—and that the individual concerned is not in isolation but in a primary group called a family, and that if his family security is not right, his health will never be right.

Finally, I would like to call the attention of the county health preparedness committees represented in this meeting to a problem which requires immediate action in the interests of the national defense.

Last fall, the Department conducted a census of the home relief population in New York State. It was found that unemployable home relief persons, sixteen or more years of age, totalled almost one-fourth of a million (232,259) and that a third of these were reported unemployable because of physical handicap. Half of these or about 35,000 persons were said to be suffering from a temporary physical handicap. Each welfare district has received a report of its own home relief census. Any person otherwise employable who is kept on home relief because a remediable physical defect is not corrected is prevented from doing his normal part in industry and national defense, and is an unnecessary burden on local and state tax funds.

ROLE OF VOLUNTARY HEALTH AGENCIES IN HEALTH PREPAREDNESS

By

Rev. John J. Bingham

Director, Division of Health, Catholic Charities of the Archdiocese of New York.

The purpose of the State Commission, whose guests we are today, is stated in the name of the Commission—"To Formulate a Long Range Health Program." When we consider that purpose carefully we realize how logical and intelligent such an undertaking is in the light of conditions as they exist today. This program has for its objective the preservation and promotion of the health of the citizens of our state in order that our state may better contribute to the defense of the nation. But the ultimate objective of the program goes beyond defense, because defense alone is a sort of necessary evil—a negative and unhealthy kind of thing. It is those things which we defend and our reason for defending them that makes defense valid.

We all know what we are defending and why. We are defending our country, not merely its lands and goods, but its principles and its customs. We are defending our way of life for ourselves and our neighbors and we are defending all of these things for the same reason which the founders of this country had when they established it, namely, to secure to ourselves and to the generations who succeed us those inalienable rights with which God has endowed all men and by which His blessings and the efforts of past generations have been preserved for us in America. Truly this program has a long range.

The success of this program, as indeed of any program, depends on careful planning, so that every need shall be supplied, so that there shall be no waste, either of human life, knowledge and skill, or of community funds; and so that the American spirit which we are striving to defend shall be not only preserved but strengthened and improved at every step in the execution of that plan. The objectives for which we must plan are already known; the existing needs and the resources available to meet them perhaps less well known; and it is for one large group of such resources that I speak, the voluntary agencies.

The voluntary health agencies are fitted by nature and experience to play an important role in the development of our health program. Since they are voluntary they are a living expression of the American spirit, and every work which they inaugurate and bring to successful fulfillment reaffirms that spirit and its validity.

Throughout their history and the history of the state these voluntary agencies have undertaken and successfully completed many tasks. They came into being first of all because some member of a local community was in need, and his more fortunate neighbors banded together to help him. As communities expanded, the voluntary groups delegated many of their original tasks to the civil authority, in order to devote themselves to discovering and planning for new needs which attended the growth and expansion of their communities.

The voluntary agencies now, as always, are closer to the people of the community and therefore more keenly aware of human needs; and their past experience has taught them how to plan effectively. They have developed their resources to a high degree of efficiency and are rendering invaluable service throughout the state. Their knowledge, their experience, their resources, and their whole-hearted cooperation are at the disposal of any local defense council who desire them, and a "long range view" is a life-long habit with them.

In the formulation of this health program, we hope that the great works in our voluntary hospital system will not be overlooked. We hope that no program will be formulated which might, in any way, interfere with this great agency of democracy. The voluntary hospitals, together with our present tax-supported hospitals, have given to the people of the State of New York the best health care ever developed in the history of our country. Such an origin, such a growth, such a contribution should not be ignored in planning for the future. We have in New York an excellence of hospital service at the disposal of the indigent and medical indigent, as well as those who can pay for it. We have in New York a voluntary spirit that has prompted men and women to give, in sums large and small, many millions of dollars for the care of their fellowman. We have a national tradition that has prompted physicians and surgeons to give unstintingly of their time and their exceptional skill to rich and poor alike, to spend themselves in the laboratories of research in the unselfish interests of mankind. Avoiding statistics, we prefer rather to center your attention in the spirit of our system, something that cannot be evaluated in dollars, something that cannot be developed by governmental legislation or exacted by any totalitarian state.

We feel that we can point with justifiable pride to the history and accomplishments of our voluntary agencies. We feel that they have in every way justified their existence and are decidedly deserving of the greatest consideration in any long range health program. Rightly may they contend that "An appreciation of the extent and excellence of present hospitals must be the foundation on which to build a statewide program of hospital service."

Whatever new programs or procedures are to be developed, it is earnestly hoped that they may alter to the least necessary extent

the existing plan of cooperative understanding between public and private agencies. This democratic partnership has already effected great good for the country and it is highly desirable that its continuance should be encouraged and promoted. It is sincerely to be hoped that in the formulation of our long range health program for the State of New York, the spirit of partnership and cooperation should prevail rather than that of rivalry and competition.

In the program of the local advisory health committees I believe that the voluntary agencies will make an excellent nucleus for your plans, and I am sure these voluntary agencies will welcome another opportunity to serve Americans and America.

REMARKS

By

George J. Nelbach

Assistant Secretary State Charities Aid Association

The State Charities Aid Association is a voluntary citizens' organization, formed in 1872; and is actively interested and concerned about problems relating to the public health and social welfare of the people of the State as a whole and in its various localities—counties, cities, towns and villages. The Association seeks on the basis of available knowledge to secure a maximum of public service in the fields of public health and social welfare for a minimum expenditure of public funds in these fields. The Association is non-partisan, non-sectarian, and is financed entirely by voluntary contributions. Without the limitations of official agencies, the Association is in a strategic position to arouse public opinion in favor of things that most need doing at a particular time. It does this by getting the facts, making them widely known and promoting definite action. It has a total membership of approximately 10,000 persons, and it functions through a central organization, with headquarters in New York City, and also through county and other local branches. It has been the long established practice of the Association to work in close cooperation with the departments or other agencies of government, state and local, in the fields of public health and social welfare.

In matters of health preparedness, the Association, has been active along the following lines:

First: Assisting state and local agencies of government in seeking to keep men affected with tuberculosis out of the military establishment of our country. This is important for these reasons:

(a) Many men having slight chronic tuberculous lesions, and yet able to remain relatively healthy in civil life, would break down under the rigor and strain of military training;

(b) Tuberculosis being a communicable disease may be transmitted to healthy men if they are quartered with positive sputum cases in military barracks or tents;

(c) The exclusion of tuberculous men relieves the military authorities of the work and expense involved in training physically unfit men, and protects the Federal Government against future heavy claims for compensation, because of tuberculosis incurred in line of military duty, and

(d) The cause of public health would be advanced through the discovery of such cases before they get into the army, and through enabling the health authorities to provide appropriate treatment for them in sanatoria, thus breaking the chain of infection between them and the rest of their families.

Last September the State Health Department, on learning that the various local National Guard Units were very soon to be inducted into the army, promoted an organized effort to secure x-rays of the chest of the National Guardsmen in their home armories. The State Charities Aid Association at once informed its 61 County and City Tuberculosis and Health Associations about what needed to be done, and requested the provision by them of practical assistance, and, if need be, financial aid. In a number of instances there were no local funds available for the purchase of all the x-ray films needed, and there was not enough time to get local tax monies appropriated for the purpose. Accordingly, a number of our Local Associations paid for the x-ray films. Substantially all of the National Guard Units were x-rayed and the tuberculous men rejected before the units were inducted into the United States Army. The figures as to the number of men rejected because of tuberculosis have not yet been collated and made public.

The next task was to secure chest x-ray examinations for the men who are being called up for military training under the Selective Service Act. Again the State Health Department took the initiative, and invited our Association to participate along such lines as might prove useful. Early in October a conference was called of city, county and state personnel, proficient in chest x-ray work and possessing facilities that could readily be used therefor. The military authorities had no personnel or facilities available at the time; in fact they do not have them yet, but hope to have them soon. A plan was evolved under which the Selective Service Men would be x-rayed as a part of the medical examination given to them under the authority of the Local Draft Boards. But, the scheme, though soundly conceived and planned, failed to receive the approval of the Federal authorities.

So, the State Health Department developed another plan in consultation with our Association. This plan provided for the x-raying of the chests of those men who are passed by the Local Draft Boards and sent to the Regional Induction Stations. The State Health Department saw to it that x-ray machines and facilities were provided at these Induction Stations along with trained personnel to take the x-rays, develop them and read them right then and there during the 24 or 36 hours that the men are at the stations; those found to be tuberculous could there be rejected and not inducted into service. This plan was approved by both the Regional Military Authorities on Governor's Island and by Army Headquarters at Washington. Right afterwards a complication arose that put the whole plan in jeopardy. All along it had been supposed that funds would be made available by the Federal or State authorities, or both, with which to buy the x-ray films needed. Apparently neither the Federal nor the State authorities had any funds hat could be used for this purpose. In this emergency, the State Health Department turned to our Association, and we agreed to underwrite the expense involved ranging between $4,000 to

$7,000 in order that the plan might be put into effect in time to x-ray the first contingents on the dates when the Induction Stations were scheduled to open. Meanwhile, the effort to secure funds from the Federal Government for x-ray films was kept up and resulted successfully almost on the eve of the day when the Induction Stations were to be opened.

Incidentally, it developed that the Buffalo Induction Station did not have the right kind of electric current for running the x-ray machine. So, the Buffalo Branch of our Association, at the request of the State Department, provided $500 to meet that and some minor expenses. A similar situation developed at the proposed Plattsburgh Induction Center. Our Association was appealed to, and we agreed to meet the expense of the installation of the right kind of current for the x-ray machine in that Station. However, a few days later, and before the work involved was undertaken, the Federal authorities decided not to have an Induction Station a Plattsburg.

The foregoing plan for x-raying and excluding Selective Service Men at the Induction Stations has been in effect since the third week of November last, and from then on until March 1st, 12,414 men have been x-rayed. One hundred and six (106) were rejected because of evidence of tuberculosis; a little less than 1 per cent. In addition, 14 other men were rejected because of other diseases of the chest revealed by the x-ray. These figures relate only to the men who were sent to the Induction Stations at Buffalo, Rochester, Syracuse and Albany. (Both the State Health Department and our Association are concerned with the prevention of tuberculosis in Upstate New York, and do not function in New York City.)

Second: Stimulating the provision of adequate medical examination, including x-ray of the chest for tuberculosis and Wassermann test for syphilis, of the thousands of men applying for admission to, or already enrolled in, courses of training to fit themselves for jobs in war industries, particularly in airplane manufacture, now being given by Local Departments of Education with supervision from the State Department of Education and with financial assistance provided from the Federal Office of Education.

Beginning July 1 last, a big emergency program of industrial training has been rapidly developed in most cities and numerous villages throughout the State, under which many thousands of men, ranging between 18 and 50 years of age, unemployed and employed, are receiving short courses of training, lasting for 10 weeks usually. In Upstate New York alone some 30,000 men are being trained during each 10 weeks' period.

At the outset no provision was made for determining the physical fitness of these men to receive training. Feeling it would be a waste of time and money to train those men who are not physically fit for the strain of jobs in war industries, our Association has been advocating and promoting the provision of suitable medical exam-

ination of these men through cooperative action of local medical and health agencies, official and voluntary, and at local expense if no other funds were available. In a steadily growing number of cities this has been done and the number has been growing more rapidly since January 15th last, on which date the Federal Office of Education announced a ruling that the expense of medical examinations of men could, within reasonable limitations, be charged against the Federal appropriation for this training project.

Third: Promoting the provision of more effective methods for keeping neuro-psychiatric cases and mentally deficient persons out of the army.

This is very important for many reasons—one of them is the expense involved to the taxpayers if a poor job is done. Since the last war, Six and One-half Billion ($6,500,000,000) Dollars have been spent by the Federal Government for mentally disabled ex-service men. This tremendous expense will continue for a long time because most of these men are only middle aged. This is the price in dollars of the failure to make effective use of psychiatric screening during the last war.

Information has reached our Association to the effect that the psychiatric examination of men called up for training under the Selective Service Act is not being well done. Here are three examples:

One draft board passed 600 men without referring a single one for psychiatric examination to the psychiatrist on the District Medical Advisory Board. The National headquarters for the Selective Service estimates that about 5% of the men called up for training are unfit on psychiatric grounds.

At on of the regular clinics of a State Hospital for the Insane, a patient who was out on parole came to make his report to the clinic garbed in an army uniform. It was stated later that he was not even doing well on parole in civil life and might have had to be returned to the Hospital.

Another man told his local draft board that he had been subject to epileptic seizures for five years. The answer was: "Nonsense—that is something you were born with"—and he was passed.

Accordingly, our Association's Committee on Mental Hygiene has formulated a suggested program for the improvement of the procedure for psychiatric screening of the Selective Service men. The State Commissioner of Mental Hygiene and a number of the ablest physicians in the State Hospitals for the Insane are members of this Committee, and this suggested program represents the collective judgment of those men and other distinguished psychiatrists. That suggested program is being submitted this very day to responsible officials at the National Selective headquarters at Washington.

Its main features are:

1. To organize psychiatric review courses for local draft board doctors, to the end that they will increasingly refer to psychiatrists on their District Medical Advisory Boards those men about whom there is any doubt as to their fitness for training for psychiatric reasons.

2. To stimulate uniformity of diagnostic procedures on the part of the psychiatrists on the District Medical Advisory Boards.

3. To provide the psychiatrists who are serving on the District Medical Board with the case histories of Selective Service men who in the past have come to the notice of civilian psychiatric agencies or authorities because of their behavioristic tendencies or their psychopathic conditions.

4. To stimulate the provision of follow-up services for those men who are disqualified from military training because of their neuro-psychiatric status or mental deficiency.

Fourth: Helping to keep venereal diseases out of the army.

The search for venereal diseases among the men called up for training under the Selective Service Act is primarily in the hands of the medical examiners of the local draft boards. The utilization of the serological test for syphilis is a relatively simple procedure and is proving to be an effective means for keeping syphilitic cases out of the training camps. The task, however, is imposing a big strain upon the various state, county and city laboratories. Citizen support for public appropriations for the growing expense of this diagnostic service may be needed from our Association and other local and state voluntary organizations.

A much more difficult task is that of keeping down the prevalance of venereal diseases among the men already in the army. Two different lines of action are required: (1) the provision of special temporary facilities and opportunities for recreation in communities adjacent to military encampments for the men when they are off duty; (2) the repression of prostitution, especially the organized commercial type.

The first line of action is primarily the task of the recreational and character-building agencies. However, our Association and its Local Branches will, upon request, provide their influence, moral support and practical assistance.

The second line of action is much more difficult. Commercialized prostitution is the chief source of the spread of syphilis and gonorrhea, especially among military men and industrial workers in overcrowded boom towns. Experience in numerous cities of this country has convincingly demonstrated that organized prostitution can be greatly reduced; in some cases substantially abolished. Existing laws in this state are reasonably adequate for the repression of this evil. Our Association plans to place in a quiet, unspectacular way the reasons why this evil of commercialized prostitution should be no longer tolerated before its Local Tuberculosis and Health Associations and other groups of public spirited men and women in the hope and expectation that they will use their influence in support of effective enforcement of existing statutes against this evil upon the part of the duly constituted authorities, especially in the areas within a reasonable distance of military encampments, and also in localities experiencing a great influx of workers for employment in defense industries.

ADDRESS

By

Senator Chauncey V. Hammond

Representing Hon. Joe R. Hanley, Temporary President of the New York State Senate

Assemblyman Mailler, Distinguished Guests, Ladies and Gentlemen, for a brief moment I am to play the part of John Alden in that Senator Hanley is a bit ill and asked me this morning if I would not drop over for just a moment and express to you his deep sense of regret that he is not able to be with you.

It is not unusual at all for the Governor or the Lieutenant Governor to say a word of praise with regard to a legislator; occasionally a word of criticism, but very rarely, so I was not surprised at all that that word was passed at the luncheon today. However, for a United States Senator to even speak to a Congressman, or for a State Senator to have a word of praise and find merit in an Assemblyman is quite unusual. But I do say to you—and I know that you feel the same way about it—that Assemblyman Mailler has done a wonderful job in organizing this great group and coordinating the health facilities that we have, and I am sure speaking from the viewpoint of the Senate that he is deserving of all sorts of applause.

I think probably it is a human trait that we are a bit remiss often times in doing some of the things we should do. For instance, we rarely repair the roof until it rains, and then we run around with some buckets or basins to catch the water. We do not examine the fire extinguisher until we have the fire, and then find it does not operate. I think some times it requires something of this kind to bring us to our senses, when we find that we have been remiss in a great many of our activities. Regardless of the fact that our various institutions have been operating, it seems to us, at full speed, it is regrettable we must have an emergency such as we are confronted with at the present time to force us to look about and find there are a great many things along the line of ill health prevention that we have failed to do. As we see the great number of draftees that are being turned down because of defects that might have been remedied very easily, we are just a little brought to our senses.

As I sat at the luncheon today, and noted the great number who had come here—and I am informed largely, if not wholly at their own expense—indicating an interest in meeting this present emergency that we have before us, I was amazed. As you know, it is the function of the Legislature, among other things, to appropriate

monies that are needed. It will recess ere long, but all the machinery is set up to take care of any emergency of any kind with which we may be confronted, and I do not believe you will find the members of the Legislature niggardly at all in providing all the monies that may be necessary for our defense, whether it be in the departments in which you are interested or any other. I am quite certain you will find them coming to the front, and helping you all they can.

As I said, my mission here is to represent the Senate of the State of New York for Mr. Hanley, and to indicate to you we are interested, as you are, in the work you have before you, and to compliment you upon the turnout you have made and the manifest interest you have evinced in this great problem which we all must solve.

I shall return to Senator Hanley and tell him about this wonderful gathering. I am certain that you will find Senator Hanley and the other members of the Senate ready to go along with you at any time.

SOME HEALTH PROBLEMS IN NATIONAL DEFENSE

By

Assemblyman Robert F. Wagner, Jr.

Chairman Mailler, Ladies and Gentlemen: To defend the democratic way of life, America is arming. In the mighty defense effort in which we are now engaged, every man, woman, and child will share. Little of that effort will be dramatic. Some families will scrimp and scrape and worry on little money when the soldier husbands go off to camps. Some will enlist in the armed forces: soldiers, the air force, doctors, nurses, typists, dieticians, army hostesses. Some will serve merely by doing without accustomed luxuries. Others will go to work in the factories, in the vast arsenal that is American industry. Somehow, defense touches all our lives.

President Roosevelt once said that as men do not live by bread alone, so do they not fight by arms alone. The day is long since passed when wars were fought between armed forces on a restricted battlefield. Contests between picked gladiators have given way to total war and total defense, where industrial capacity is more important than arms, where morale on the home front is a major military factor, and where non-combatants share the physical dangers of the soldiers on the field. Thus effective preparations for defense require high civilian morale, a physically healthy people, and a vigorous economic system backing up the armed forces.

One of the earliest and most pressing health problems that arises in connection with defense is medical care for defense workers. These workers will be employed under a wide variety of conditions. Thousands of men and their families may be added to localities where defense plants are situated, creating demand for additional medical personnel and health and sanitation facilities.

The entire defense program depends largely upon the productive capacity and efficiency of workers in vital industries. The very urgency of our defense requirements has emphasized the need for an improved program of industrial hygiene to reduce industrial accidents. Preventive medicine and good medical care in sickness are important elements in the efficiency of the workers. Such services will often be available only when established by organized action. The government should facilitate the establishment of needed services in whatever respects required by local conditions and through procedure based upon fundamental democratic processes.

The development of the air attack in modern warfare subjects the entire civilian population to attack with the very outbreak of

hostilities. Consequently, it is essential that nations preparing for national defense include provision for dealing with air raid casualties. This should include immediate relief through first aid facilities, the hospitalization of those seriously injured, and the possible evacuation of the aged, the infirm, and the children.

This task is surrounded with many formidable obstacles, and calls for much preliminary large scale planning, and the coordination of many different agencies, governmental and voluntary, in a unified scheme of civil defense.

Much of the necessary spade work has already been done and is now being continued by the State Health Commission. I had the privilege of being one of the original sponsors of the Commission, and I know all of the members are proud of the splendid way in which our Chairman has carried on that very essential work. We have made a survey of the various health resources of our state and their distribution among our people, yet much remains to be done for the effective mobilization of our health resources for defense.

The many fine suggestions and proposals offered at this Conference will serve as an inspiration to us to continue the work we have started, not only during the period of the emergency but for the future. They will guarantee to our people that in the defense program their health needs will not be neglected.

Today we are engaged in a program which is expected to bring full employment of our resources of men and machines. The experience we derive in producing the arms of military defense, and the machinery established and information acquired in mobilizing our health resources, must be held ready to apply to our well being and general prosperity when peace comes to the world. We must do this as part of our contribution in the struggle of which Lincoln so eloquently spoke:

"The struggle for maintaining in the world that form and substance of government whose leading object is to elevate the conditions of men, to lift artificial weights from all shoulders, to clear the path of laudable pursuit for all; to afford all an unfettered start, and a fair chance in the race for life."

EXPERIENCES IN THE MEDICAL ASPECTS OF SELECTIVE SERVICE

By

Samuel J. Kopetzky, M. D.,

Chairman of the Medical Preparedness Committee, Medical Society of the State of New York

Gentlemen, I am privileged as one of the official family of the Medical Society of the State of New York to bring you the greetings of our President and the official family. Dr. Flynn could not be here, and he wishes it announced that he is heartily in sympathy with this State-Wide Conference.

The Medical Preparedness Committee of the Medical Society of the State of New York, over which I have the honor temporarily to preside, has done just exactly what Lieutenant Governor Poletti in his magnificent address at luncheon today indicated should be done. It has decentralized itself, and functions mostly through the County Societies, in each of which there is an analogous committee in existence and functioning daily.

This setup of medical preparedness has a number of functions, some of which are in being since this present national emergency started, others functioning in regard to and in cooperation with the administration of the Selective Service Law, and the third function is to safeguard the civilian front,—the home front, and to plan with, provide for, and cooperate with every agency that has for its object the maintenance of the present status and the improvement of the health of the population.

Those of us who are looking forward on the long range program see the necessity for such planning, and from its inception we welcomed the wisdom which the Legislature of our State exercised in appointing this long range planning commission. We hope that, when the foreign military situation clears, so that this Commission may go on with its further function of long time planning, all of us can continue to work together to evolve a program that in our considered judgment will be satisfactory and efficient and answer the many angled problems which the health of our communities in this state demands.

As to the preparedness program, in addition to having furnished the state government administration of the Selective Service Act with over 1,800 doctors working gratuitously now in that service, those committees function to prevent a doctor being removed from a community where his services are absolutely essential. The Army authorities have cooperated, and when it is proposed to remove a man from the community because he is a Reserve Officer, they have asked whether or not that is going to create a hardship on the

community. Decentralized as our machinery is, we receive first hand information from the very locality where this reserve officer may be, furnish that to the Army, and the Army gives him a release from his present assignment to duty, should that be possible.

Through the agencies of this Committee, we are trying to establish in various portions of the state where there are thickly populated areas, "catastrophe units" and emergency machinery to handle accidents, sabotage, or whatever else of catastrophe may arise. That is the second phase of our work, and it is going on and progressing.

In looking forward to the particular function that the Long Range Planning Commission of the State Legislature has in mind, lessons that are learned from the rejections in the selective service furnish an idea as to what might be needed in our community; in other words, a pattern is evolving, which is not yet clearly defined, but which is becoming clearer as larger numbers of men pass through this screening process.

I was very much interested this morning to hear some of the addresses still predicated upon data which had been assembled at some other time. The world moves. Medical science and the medical art has moved. The result of campaigns for the eradication of venereal diseases, for instance, is showing its effect in the Selective Service rejections, there being an almost negligible number of rejectees having that affliction.

I have just completed a tabulation of 17,750 men comprising the first three induction periods within the geographical area of the Greater City of New York. This report I presume the military authorities will soon publish, and you will be astonished at some of the findings.

We heard this morning again considerable stress on the neuro-psychiatric rejections. When that report is published I ask you to read it and see what it sets forth in that connection. These neuro-psychopathic states are not all to be put to the credit side of our health ledger because of their rejection by the Army. As a soldier, I should certainly not want them in the Army but, on the other hand, the community must take care of them in some form or other anyhow, and it is only a question when that group in our population will break down and become public charges; so that while the millions that the Government spends on such as soldiers is very considerable—and I believe the statistics and the figures given this morning are correct—still by screening them all out of the Army I do not believe you are going to save *all* that money, because those neuro-pathological individuals will still be a burden on the community from the civilian angle, and their care still will have to be paid for by the community.

Teeth and eyes give the largest number of rejections. Tuberculosis is not so very prevalent. I put that down to the finer medical care, to the programs of the various organizations interested in the alleviation of this condition, and to the education of

the public. I cannot put my finger on the exact reason for it, but it is remarkable that there should be less of this disease than most of us thought. Nevertheless, as I say, the pattern of a program is evolving, and at the present time it seems as if the school medical service needs overhauling. The school doctor evolved as a liaison officer of the health department, and primarily, in the beginning, his first duty was to protect the school population from communicable and contagious diseases. The pattern that is evolving implies entirely different and additional duties for him. The preventive program should start in the kindergarten or in the very beginnings of the school age, and it requires more than physical training. Those of us who think will certainly realize that muscle-building—making little "Sandows" of the children—does not necessarily bring with it as a corollary, health. Too many stevedores, with wonderful muscular development, were rejected because they still did not have enough teeth to properly chew their food; and having maladjusted jaws, they are rejected because they would have been a liability to the Government had they been taken. Millions of dollars, such as are proposed to be spent by the Schwert Bill in Congress, for the development of the muscles of the body, with no paralleling concern for the development of health and a health program, is not the answer to the problem that there are those rejected for physical reasons at induction centers and examining posts. It is no answer to the problems that 49 per cent of those presenting themselves for examination reveal an entirely different kind of a health program is needed.

Therefore, I hope that this Commission will continue its study. We, of the medical profession, welcome the cooperation of all of the ancillary groups, and we are thankful for their contributions toward our common aim to improve the health, and to maintain the health of the community. When it will become necessary to handle the industrial hazards, there too we will need all their cooperation, to meet the problem presented by the health hazards of industry, and the conditions of life in the crowded living quarters of workers engaged in the technical production end of our National Defense Program.

As we find the physical defects which cause rejections of registrants, they divide themselves roughly into the following four groups:

1. Defects which are due to causes beyond human control;
2. Defects occasioned as the result of the hazards of industry, ill considered athletics and accidents;
3. Defects caused through ignorance and neglect;
4. Situations and conditions which, if all the gold that is in the vault at Fort Leavenworth were handed out to cure them, could not be helped at all. These are diseases which Medicine has not yet conquered.

Therefore, it was proper that we should hear from the laboratories and research departments, and as I said before, the cooperation of all these ancillary groups is welcomed, and I hope that this Commission will continue the fine work it has done thus far.

HEALTH AND DEFENSE

By

Robert E. Plunkett, M. D.

General Superintendent of Tuberculosis Hospitals, New York State Department of Health

(Representing Edward S. Godfrey, Jr., M. D., Commissioner of Health of the State of New York)

Health may be defined as freedom from disease or pain. In a measure, health has a negative connotation, whereas "disease" has a more positive implication. Defense may be defined as having the ability to ward off or protect. Such ability implies strength, and strength, when applied to manpower, implies health. In an emergency such as that with which we are faced, "manpower" assumes a conspicuous place in our catalogue of necessities. The technical ability of that manpower to produce is accentuated in importance by influences which are beyond our control.

Our chemists and engineers will go to no end in order to provide faultless steel, aluminum, or alloys for the manufacture of material elements of defense. To the industrialist, it is imperative that this manpower be trained in the sciences and in the trades so that our instruments of defense, whether they be airplanes, guns, or ships, may be fabricated to conform to the most exacting specifications.

On the other hand, how about the human machine? Do we concern ourselves sufficiently with the factors influencing the production of human energy, which, in turn, is the source of manpower? In contradistinction to the development of material and industrial resources which are being geared to optimum production, has equal emphasis been placed upon the need for the development of the human machine to this optimum?

Health is man's greatest wealth. Such wealth may be expressed in terms of both mental and physical health. Inasmuch as health influences the productive capacity of man, our defense, in the final analysis, can only be as effective as the strength and ability of our manpower. There is abundant knowledge of the many factors which impair man's ability to work efficiently. There is evidence now available how some of these factors can be eliminated or made less of a handicap.

Recent studies of the nutritional and health status of certain segments of our population have revealed some startling facts. Moreover, the evidence of physical handicaps found among men examined in the National Selective Service program reemphasizes the seriousness of some of our health problems. As a matter of

fact, we are faced with a major challenge. That challenge is to provide preventive, corrective, and curative measures through which we may gear up, within scientific possibilities, our manpower to its optimum. As in athletics, the best defense often is a good offense. So it is in health, while building a strong defense against disease, it is imperative that we develop and conduct a strong offense against the causes of malnutrition and against infectious and other diseases and accidentally acquired physical handicaps. Such an offense must be aggressive and constant. It must include in its armamentarium all modern methods of prevention.

Although the possibilities which lie ahead, should we apply our present knowledge of disease prevention and cure, are great, and as important as may be the human economy accruing therefrom, the possible future financial gains are immeasurable. As an example, since the last war, the Federal Government has spent for medical care and compensation for cases of tuberculosis developing among soldiers and sailors, a total of $960,000,000. This represents an average cost to the Federal Government alone of approximately $10,000 per case of tuberculosis.

Foreseeing the likelihood of a repetition of this human and financial waste, the State Department of Health, as a health protection measure for the young men of the State, and to assist the Army in keeping out of service men who might develop tuberculosis under the strain of military duty, arranged to conduct a program of X-raying each man appearing at the three upstate induction stations. To date, 12,414 men have been X-rayed, of which 106 were rejected because of evidence of tuberculosis, or a yield of 0.9 per cent. In addition, 14 other men were rejected because of other diseases of the chest revealed by the X-ray. The cost of X-raying these 12,414 men has been $6,725, which, with incidentals, such as installation of equipment and so on, could be brought up to a round figure of $7,000. The cost of discovering each case of tuberculosis by this method was $66. On the basis of the policy established by the Federal authorities during the last war, these cases would have cost the Federal Government $1,060,000 had they been taken into Army service, as compared with $7,000, the cost of keeping them out.

Although some of these men, perhaps half the number are in need of tuberculosis hospital treatment, their disease, in most instances, was discovered in the early stages and should require the minimum amount of treatment. On the other hand, approximately half of these men will retain good health in their civilian environment, whereas the arduous tasks of military life would, in many instances, result in their breakdown. In both of these groups, the discovery of cases means real, human and financial economy.

The United States Army, realizing the importance of this work, is now making plans to assume responsibility for this X-ray program throughout the country.

The only other disease problem which the Department has directly concerned itself with is that of venereal diseases. It is recognized that the present emergency may be accompanied by an increase in venereal diseases unless active steps are taken to prevent them. The New York State Department of Health in cooperation with the United States Public Health Service, the War and Navy Departments, and local departments of health, has made plans for intensive venereal disease programs in troop concentration areas and also for such programs in areas in which vital defense industries are located. These plans call for additional facilities for the diagnosis and treatment of venereal diseases, increased efforts toward dissemination of information regarding these infections, increased facilities for case and contact investigation, and active measures for the suppression of organized prostitution. The latter activity has not been an important part of the veneral disease control program in normal times.

At the request of the National Selective Service Board, the State Department of Health is cooperating in the performance of serologic tests on all selectees examined by local Selective Service Boards. The physical standards for selection for military training are much higher at this time than they have been in the past, and men discovered to have syphilis as a result of a serologic test, are placed in a deferred classification. An analysis of the results of examination of the first 25,000 specimens of blood from selectees indicated that 319 individuals had positive reactions. Ninety-three doubtful reactions were reported. Thus, 1.3 per cent of the examinations were positive, 0.38 per cent doubtful, or 1.68 per cent showing some degree of positivity. It should be mentioned that one-third of all the cases showing positive blood reaction were already known to the Department.

Basically, the measures which have been adopted to provide a healthy Army have the same possibilities in a program intended to provide a more healthy body politic. Through the medical, dental, and nursing professions, and through appropriate official and unofficial agencies, such a program can be developed. To quote the late Dr. Biggs, "Public health is purchasable." Teamwork will make such a purchase a bargain.

HOUSING AND HEALTH DEFENSE

By

Edward Weinfeld

Commissioner, State Department of Housing

Mr. Chairman, Ladies and Gentlemen, judging by the number of substitute speakers who have appeared today, I am beginning to think that the incidence of illness at a Health Conference is pretty high.

I hope that I might be excused if before beginning my address I, too, might say a word or two about the Commission and its Chairman, Lee B. Mailler. It was my privilege some five years ago to act as counsel to another legislative committee, of which Assemblyman Lee B. Mailler was also Chairman. Knowing of the very fine work he has again performed in connection with this present health commission that is planning a long range health program, I would like to say publicly what the Governor and the Lieutenant Governor expressed at luncheon today is merely a reiteration of what all of us who have known of the Chairman of this fine Commission have felt for a long time. Being a personal friend of Assemblyman Robert F. Wagner, Jr., of Senator Fischel, as well as Dr. Bourke, I know this Committee and its Chairman have extremely capable assistance.

I assume that I am here this afternoon to take part in this discussion of State-Wide Health Preparedness Problems because this group, probably better than any other, knows of the close correlation between health and housing conditions. If that close correlation exists in more normal times, how much more true is it in a time when we are straining every nerve and sinew, marshalling every force, utilizing our every resource to prepare our nation adequately to meet whatever threat may come.

Adequate, decent housing for the populations of our great centers of industrial activity for defense is a prime necessity in itself, a necessity that is paramount if the flow of armament and equipment is to be maintained at the required level. Our experience during the first World War unmistakably demonstrated that fact. Time and again inadequate housing brought a turnover of labor up to two thousand per cent in a single year. In some instances production was crippled and required the reassignment of contracts to plants located in communities more adequately supplied with housing.

The health aspect of this question of adequate housing makes it doubly important at this time and places on our shoulders—yours and mine—a very grave responsibility indeed. That is true in this State for two very important reasons. First, our

great Empire State is a major center for many of the industries whose maximum production is so vital to our defense program. Second, because long before we were forced to undertake this preparedness effort we had a serious shortage of decent homes for wage earner families, particularly in our industrial cities. The Division of Housing has estimated that as far back as 1939, there was a shortage of about one million dwelling units in this State based on the number of substandard homes plus the number required to provide for the increase in total number of families.

To get an adequate picture of the added stress and strain which a rapidly accelerating industrial production puts on available housing under these conditions, just consider what that shortage of decent homes means in terms of living for the average worker and his family. It means that long before thousands of additional employees were being drawn into the manufacturing plants low income families had relatively little choice in the type of dwelling that they could afford to occupy. Many of these homes were insufficiently or poorly supplied with sanitary equipment and many more were far from safe from the threat of fire by today's standards. And among these groups also was an unfortunately high proportion of families, who because of prevailing rental levels as compared with income, were forced to crowd into less space than they should have occupied.

The inherent danger and risk to the health, not only of the individuals directly involved, but to the community as a whole, as well as other undesirable social results, were sufficiently serious in the pre-emergency days to prompt the enactment of a State Public Housing program. How much more serious is that threat today when virtually the same insufficient supply of decent dwellings is subjected to the added strain of our defense program?

I said before that adequate housing was essential for defense progress. As an illustration let me point to the fact that according to a report received by the Division of Housing, 25 skilled workmen, at the Watervliet Arsenal, quit their jobs within the last few months because the housing accommodations which they required were not available. Certainly that is something for us all to think about.

However, we are concerned here this afternoon primarily with the health implications of a housing shortage, and therefore I would like you to go with me to an industrial city not very far removed from where we are meeting and to look at the prospect which the next twelve months or so holds for that community. Here is a city on which the Federal Government must depend for important defense production. It has huge plants of several kinds, heavy and light industry, textiles and metal goods. It has been speeding up production at a tremendous rate since the summer.

Hundreds of new employees have been taken on to work additional shifts by virtually all of the plants; a thousand or more will be required by another, which is building a several million dollar addition, to turn out gun equipment. Many of these additional workers are being brought in from other communities since all the residents with the required skill have already been absorbed.

I would ask you to keep this picture of rapidly expanding industry in your minds while we look for a moment at how well off this community is with regard to housing. In that particular community the Division of Housing was informed as long ago as September, 1939, that the vacancy rate for low rent dwellings was far below the 5 per cent normal figure. In fact in one section of that city, where low rent dwellings predominate, the vacancy rate was 1-½ per cent, which indicates a condition of actual acute shortage. And remember, this was more than a year and a half ago, long before any of these emergency needs developed.

In the intervening eighteen months there has been very little building of additional accommodations for low income families in that city. In fact, the only such addition is a public housing project accommodating 213 families.

This is the housing condition which is confronting a large number of new workers who are coming, and will continue to come in increasing numbers to that city. Where they are to live, how they are to live, is a question which must be answered quickly and effectively if we are to avoid the serious threat which such conditions present to the progress of our defense program and to the health of the many individuals directly concerned and to the entire community.

In the larger cities and towns the lack of adequate housing will present primarily a problem of overcrowding. We may pride ourselves on the fact that in most of our cities and towns the sanitary arrangements are good and can probably be expanded to take on the added burdens which are ahead. I am sure that you are more aware even than I am of the health hazards which serious overcrowding will bring.

I must point out also that not all of our smaller communities, villages of one thousand or two thousand population, or perhaps even larger, are so well off as to sanitary standards and facilities. I have in mind a village of about two thousand population in Rockland County, very close to New York City, where a substantial number of low income families live with only the most primitive sanitary facilities. This is a manufacturing community, not an agricultural. The principal industry of that community is also being called on for defense production. I shudder to think of what any substantially expanded employment in that community will bring in terms of housing and health hazards.

Up to this point I have had in mind primarily the old established industrial centers and the problems which lack of housing presents in such localities. Our experience of the past several months shows that there is developing another problem in communities which are showing every characteristic of the "boom-town," the relatively small community with maybe one or two industrial plants, employing under normal conditions, a relatively small number of people which have suddenly undergone very great expansion.

As we go down the scale in size of communities, there is even less and less flexibility to take up substantial additional requirements for housing and the necessary sanitary and other services required. Here the need for vigilance and prompt and effective action on your part and mine are greater, if anything, than in the larger and more balanced community, and here the remedies at least in so far as adequate housing is concerned, are more difficult.

We have two such examples already, Farmingdale, Long Island, and Sidney in Delaware County. Before the outbreak of the present war in Europe, Farmingdale was a typical suburban community on the fringe of Greater New York, having a few small airplane plants. Since that time there has been a tremendous expansion of the airplane manufacturing establishments and an influx of several thousand additional employees. Farmingdale may not have a permanent housing need, but at the moment the demand for living quarters is far beyond available facilities. Already there is serious overcrowding.

Sidney was also a typical small community, with a few small, scattered industrial establishments and with reasonably adequate housing facilities for its inhabitants. One of these industries happened to be a magneto factory, a subsidiary of the Bendix Aviation Corporation, which has received very substantial orders for war plane equipment. Almost over night employment increased greatly and with it a need for housing accommodations. It is still increasing. In this community the Federal Government has already located a large number of trailers to provide temporary shelter for workers. You know better than I the health problems that that type of living involves.

We have not felt the full impact of this problem as yet. It is developing at a pace even more rapid than had been anticipated. In July, as soon as Congress began the formulation of our defense program, the State Division of Housing took immediate steps to bring to the attention of the communities which have become involved in this work, a realization of the problems which would result because of the need for homes. We have been working steadily and will continue to push forward that program by every means at our disposal, taking full advantage of every remedy which the State law authorities and which Federal agencies may make avilable. I can and do pledge you

now the fullest cooperation of the State Division of Housing in the work which you are undertaking.

It occurred to me that perhaps some people here would care for more specific and certain recommendations, other than a mere statement of the housing problem in connection with the defense program, so I wrote out this statement which, in substance, is something which I believe should be given consideration and attention. I offer it to the Health Commission so that in turn it can be passed on to local officials because I think, basically being closer to the problem, any attempt at solving such problems that arise out of the defense program must originate with, and if it should not originate with the local communities, should have their full active cooperation. I would suggest this:

1. A definite responsibility upon those local and state officials who are directly concerned with the health of citizens to assume leadership and direction so that an expanding program carries with it adequate health provisions and facilities. The form of methods for keeping pace with an accelerating program is one to be determined by groups such as yours under the direction of men who are equipped professionally to make suggestions in that direction.

2. A very determined and vigilant attitude to make certain that governmental agencies plan all of our defense projects so that matters such as health—and not limiting it to health alone—receive prime consideration. In other words, the basic prime attempt to meet the defense program by the building of ships, guns, tanks and planes, must not at the same time fail to take into consideration other problems, which I do not consider collateral but directly almost as important, if not as important. To put it another way, that generally follows in line with the idea there must be a total defense program.

3. Where local communities are without means of providing these other items, including health, housing, parkways, schools, if you please, because of the burdens that may be cast upon local communities that are not equipped to meet them, the attention of responsible federal and state agencies be directed to a consideration of those problems as well.

HEALTH PREPAREDNESS

By

John L. Rice, M. D.

Commissioner of Health, New York City

A few minutes ago I was a little bit shocked and disturbed because when Dr. Plunkett, representing the State Health Department, began his address I thought that he was reading my paper. As he went on, I could see that paragraph after paragraph was the same, and then the thought came to me, why shouldn't it be that way, because the ideas, the point of view and the thinking in health work in New York State and New York City are very close together, and it is very important that there be between the City Health Department and the State Health Department close cooperation.

Since the beginning of 1940 the New York City Department of Health has not only been thinking about but also has been proceeding with the development of certain health activities for New York City in relation to national defense.

Health preparedness is not a subject with any modern health department. Every up-to-date health department strives constantly to strengthen the measures for increasing the vitality of the people. By continuing to develop health department activities and administering them intelligently and scientifically, we are strengthening our health defense program.

To be sure, faced with an emergency, it is necessary to shift our emphasis. But especially in an emergency we cannot afford to curtail our general health program. As examples of this, I should like to refer to our tuberculosis and syphilis work in connection with the Selective Service Act.

X-raying Inductees—In October, 1940, the Army committed itself in principle to the procedure of X-raying all inductees for tuberculosis. This is in line with the efforts of public health workers to use the X-ray as a routine for case finding. An order, issued by the Adjutant General's office on October 28, 1940, to commanding generals, provided an opportunity for such examinations by local, official or voluntary agencies until such time as the Army was prepared to take over the full responsibility.

Our Bureau of Tuberculosis has been engaged in mass X-ray surveys of apparently healthy people as a method of case finding since 1933. As of December 31, 1940, a total of about 331,000 individuals had been examined. Thus our interest in providing a similar service for inductees and members of the State National Guard was natural. Accordingly, our mass X-ray services, which

are made possible through a project with the WPA, were offered to the surgeon of the Second Corps area.

The Department of Health provided all materials and advice for the Army induction X-ray service from November 25, 1940, up until January 1, 1941, excepting the cost of films made in the Queens station which was paid by the Queensborough Tuberculosis and Health Association. After January 1, 1941, the Army assumed full financial responsibility for the X-ray service in induction centers, the Department providing personnel for the interpretation of films. Since January 15, the Army has assigned medical reserve officers to interpret chest X-ray films.

The X-raying of National Guardsmen from New York City has been the responsibility of the Department of Health, inasmuch as in the existing regulation the Army cannot pay for this service until after induction.

New X-ray facilities and procedures were developed for this work. The X-rays were taken by means of portable units, developed and read at the induction centers. The technique employed and our whole part in this program is being described in an article, which Dr. Herbert Edwards, the director of our Bureau of Tuberculosis, is now preparing for publication.

The responsibility for rejection on the basis of the X-ray was assigned to the Director of the Bureau of Tuberculosis. An inductee showing suspicious or definite evidence of pulmonary pathology was temporarily rejected.

At this time he was given an appointment within the next two or three days to appear at the Department of Health's Central Chest Clinic where a complete study was made of the case. If the findings warranted final rejection, a report was sent to the chairman of the local Draft Board indicating that the inductee was permanently rejected. Up to the end of 1940, a total of over 6,609 inductees were X-rayed. Of these, ninety-four were rejected —eighty-one for tuberculosis and thirteen for other causes. Our data on the National Guardsmen is now being tabulated.

In addition to assisting the Army, this has been a valuable case finding project for us. The cases rejected because of tuberculosis are now under proper supervision.

Serological Tests—Also in connection with the Selective Service Act, we have made and are making serological tests for selectees. From the middle of November, 1940 (that is the beginning of the work of the local Draft Boards), until February 28, 1941, a total of 60,914 serological tests were made by the Department of Health on specimens of blood submitted by the examining physicians on the local Draft Boards. Of this total, 1,491, or about 2½ per cent were found to be positive. Naturally, an increase of so many additional tests on a Wasserman Laboratory, which even in 1939 did nearly 600,000 tests, presented many problems. In order to accomplish the work in the quickest time possible, it was necessary for our

Laboratory staff to work overtime. Thus the work was expedited and no delay was experienced in sending the reports to the Draft Boards.

I have described briefly our work on tuberculosis and syphilis in connection with the Selective Service Act which has helped strengthen our public health program in general. It is equally clear that in an emergency we cannot let down in preventive measures against smallpox, diphtheria, typhoid and other communicable diseases.

Smallpox—New York City has been free from smallpox, no case occurring in a resident since 1932. But in spite of the favorable picture in the city at present, there can be no letdown in the precautions taken. There is vaccine on hand in our laboratory for a million vaccinations and this could be quickly increased by dilutions to a still larger figure.

Diphtheria—The city is likewise well protected against diphtheria. We have had only ten deaths from diphtheria in 1940, in the city as a whole. Adequate immunizing material is on hand.

Pneumonia—We have sufficient weapons to combat any pneumonia outbreak. With large concentrations of people, such as encampments, outbreaks of such mass diseases as measles and influenza add to the problem of pneumonia and its control.

Typhoid Fever—In New York City this has been reduced to an extremely low point. If circumstances should arise necessitating widespread immunization, our Department is prepared with an adequate supply of vaccine. Meanwhile, great vigilance is exercised by us in the sanitary control of milk, water and food supplies.

Tetanus—Ample stocks of tetanus antitoxins are on hand in our Laboratory for eventualities. We are also prepared to manufacture the new toxoid which is used for active immunization.

Staff Inventory—In June, 1940, we made an inventory to determine the probable loss which might occur in our staff, due to the Selective Service Act. In addition, a number of our employees had affiliations with and obligations to the National Guard and various other military and naval reserves, and some of them to the Red Cross.

The census which we took showed the age and dependents as well as existing military affiliations and other pertinent facts. It indicated that out of our total staff of abou 2,900, about 185 staff members might be eligible for service under the present law. Of these, fifty are physicians, five dentists, eleven nurses, twenty-two health inspectors, and ninety-seven clerks. Several of these have already been called to service.

Training Substitutes—In the replacement of staff, certain categories will become more difficult than others and attention has been given to the problem of training substitutes. There may be a need for a larger supply of trained laboratory and X-ray technicians.

The Department of Health, in cooperation with colleges and medical schools located in the city, is prepared to train such personnel as soon as the need is indicated.

Localized Administration—We know from reports from London that the defense forces there have found it helpful to have localized city government. For the past seven years the administrative philosophy of the New York City Department of Health has been that of localized health service to meet more effectively the needs of the different neighborhoods of the city. This should prove to be an effective weapon in a defense program. As a result of this, the city is divided into thirty districts and fifteen of them have new health center buildings. The thirty districts are in charge of twenty health officers, some of them covering two districts.

Training Health Officers—For the training of health officers, a cooperative progam has been developed between the Health Department and the departments of preventive medicine of the schools of medicine.

In trying to anticipate the disruption of normal life occasioned by national preparedness, and even of actual conflict, the Department has undertaken various projects. One of these consisted in the appointment of a committee of professors of Public Health to develop a course of instruction for health officers.

The course developed by this committee consists of stating health problems which might arise in New York City in the event of actual conflict. A problem will be assigned at each meeting to one or more health officers who will prepare a brief on the subject for round-table discussion. Various experts and specialists in a specific subject will be invited to participate and guide the discussion group.

Vocational Training—One of the important tasks in the program of preparedness is the selecting and equipping of men for industry. In order to give efficient service, men must be physically as well as mentally fit for their jobs. The Federal and State governments have started vocational training of adults.

The New York City Department of Health has recognized the importance of medical examination for these vocational trainees and has been stimulating such a project in cooperation with the Department of Education and of the five County Medical Societies. The plan developed includes examination units, composed of physicians recommended by the County Medical Societies and a nurse. The idea is to set up in the various vocational schools, conducted by the Department of Education, such units for the examination of these trainees. X-ray and serological tests will be made by the Department of Health. The costs should be met by Federal funds allocated for this purpose to the Department of Education.

Industrial Hygiene—We are being advised by the United States Public Health Service as to the type of industrial hygiene program which might be helpful in the present emergency. Not only should

emphasis be placed upon health and accident prevention in the more important defense production industries in the city, but also upon periodical medical examinations, with a well organized system of referral for the correction of physical defects and health education.

Red Cross Courses—In cooperation with the Red Cross, classes have been organized in several of the health centers for giving instructions to lay groups and also for training of instructors of lay groups in home nursing, first aid, and nutrition. This plan gives a large number of women an opportunity to become more skilled in caring for the sick in their own homes and at the same time to become equipped to aid the Department of Health and the Red Cross in emergencies occurring among their neighbors. Some of these classes are already functioning.

In addition to the courses now carried on, discussions are in progress with the WPA to develop a project which will expand the scope of the above items.

Other Problems—In connection with our present emergency, it is especially important that we have a clear idea of the part the Department of Health should play. We know that in Great Britain, the Health Ministry has charge of evacuation of children, hospitals, medical care, bomb shelters and so forth. In this country the plans of health departments must be coordinated with those of other groups in order that we may be able to give assistance where we can best serve.

Hospital and ambulance service presents the first line of defense against any large catastrophe involving the sick or injured. The Department of Health staff of doctors, nurses and inspectors is a second line of defense to be drawn upon.

For several years our Department has had the necessary machinery by which it could mobilize its staff in the shortest possible time for any emergency which might arise at any time.

On November 9, 1940, Mayor Fiorella H. LaGuardia, at the request of Governor Lehman, appointed an official advisory health preparedness committee of twenty-four people representing the various agencies concerned with health problems in New York City. This committee has so far held one meeting which was largely concerned with receiving of information from the State Advisory Committee relative to activity and purposes of the committee. The committee will work with the State Advisory Committee of the State Health Commission in its plan for coordination and integration of health preparedness activities.

From the standpoint of health preparedness, a defense program should include three important factors:

1. Intensification of normal health program.
2. A shift of emphasis in certain phases of the work.
3. Coordination of health activities carried on by other municipal and voluntary agencies which affect the health of the people under the leadership of the official health agency.

HOSPITALS AND LOCAL HEALTH DEFENSE

By

Frederick MacCurdy, M. D.

President, New York State Hospital Association

A young woman walked boldly up to the person whom she thought was the matron of the hospital, and said, "May I see Lieutenant Barker, please?"

"May I ask who you are," said the woman.

"Yes, I am his sister."

"Well, well, I'm glad to meet you," she said "I'm his mother."

I have been the mother of an idea here, and having had a lot of chemical training and noted the saturation point many, many times, I am going to, with the permission of the Chairman, ask for a seventh inning stretch, and have everybody stand up for a minute.

A bride recently went in to a provision shop, and said to the proprietor, "I bought three or four hams here some time ago, and they were fine. Have you any more of them?"

He said, "Yes, Madam, there are ten from that group of hams hanging there now."

"Well, if you are sure they are from the same pig, I would like three of them."

He said, "Well, Madam, I don't know what kind of pigs you know about, but they must be centipedes."

We are thankful that we have, with all the legislation that has developed to this "centipede defense of ours," a coordinating group such as the Health Commission; and I am sure that we all want to work wholeheartedly with the Commission in getting this program over.

As far as the hospitals are concerned, I don't think that we need to say anything about their past performance, either military or civil, because their record speaks for itself; but we have come to realize more and more as the years have gone on that the hospital is semi-impotent unless it has the full cooperation of the community, particularly in those things in the community which contribute to health from the outside, such as proper food, proper clothing, proper shelter, and the things which the doctor and the hospital must have to further its program. Therefore, it seems to me that what we need at the present time is not more hospitals in New York State, because we have at the present time plenty of hospital facilities, but we need more help of the type which will further our program in preventive medicine.

The coordination of the health group on the outside is important to us because from them we are learning more and more that we need extra care for the chronic, for the mentally afflicted, and for the convalescent.

Don't forget that today, due to our shortage in convalescent facilities, we are suffering probably many of the casualties which are occurring in our selective service records. We have not been able to carry through as adequately as we should in hospitals after operations, and so on. Those are some of the phases of our problem which I think need study by this group.

The problem of rehabilitation is one in which all of the hospitals are interested, and I was glad that the Commissioner of Welfare brought that out this morning again and that emphasis was put on it.

So far as the hospitals themselves are concerned over the state, it may interest you to know that we have in New York State at the present time approximately 60,000 hospital beds which are available to the daily civil life of the population in our voluntary and municipal institutions alone; that we have in addition to that about 4,000 that are in proprietary institutions. This means that we have for our every day life more beds than we are using, because we have an occupancy at the present time of only about 75 per cent, outside of our chronic disease institutions which are operated by the state. That means that we have a leeway of 16,000 beds to begin with.

A recent survey of the state showed that we could in addition to that, through the increasing of the hospital facilities and using the hospitals as they are now (without additional expense), that is other than personnel, and without additional facilities, such as kitchens, laundries, etc., increase the total number of beds by 4,491. We can also increase, by using certain treatment and other rooms, the quota to around 6,000-odd; and by using for emergency quarters such places as our nurses homes, our outpatient services, and other services, we can increase the total number of beds to 22,000 in excess of our 60,000 which we now have. This means that there is ample hospitalization both at the present and for some time in the future in New York State for civilian and military needs as well probably, if we use our present facilities to capacity.

That does not include the care of the mentally ill, the tuberculosis or the chronic patients, where there are overcrowded facilities, and where more beds are needed.

In addition to this we have in the state made a survey showing all of the schools of nursing, all of the ambulance services both private and hospital, all of the emergency services available in hospitals, and all of the ambulatory services throughout the state, together with a list of all the diagnostic facilities. We have otherwise prepared ourselves statistically, so that every county unit has been advised as to what exists in facilities in

their county because the hospital representative in each county has been requested to get in touch with his commissioner and furnish him with the full information as to hospital facilities available to his group. We have heard so far from about 80 per cent of our hospital representatives in the field showing that our efforts have shown some results at least to help this program along.

The work of the hospitals in the state has been very active over the last year, and there has been a very close cooperation among all of the hospital units. The program of helping out in case of emergency shows that there are certain weak points in our setups, namely, convalescence and the failure of the hospitals in many of the communities to coordinate their activities with the community. In other words, they have assumed in many places somewhat of an isolationist attitude toward the other community activities. We have done our best to try to stimulate the correction of this condition where found.

Our program in helping over this period can be very simply boiled down to the statement that hospitals must do their duty, day by day; work a little harder than they are working, and produce the best that they have to produce in the community. They must stay on the job and not scatter their activities by trying to broaden out to too large a degree, or to initiate programs beyond their capacities.

Secondly, they must stimulate their local county units through their activity and through their interest. Remember that an active member on the county unit so far as the hospitals are concerned—and I am speaking directly to those of you who are in the hospitals—is vitally necessary. Here is a very excellent way of helping the whole program. *You* can stimulate that activity.

The third thing which I think we should do is to study our staff situations to see where we can conserve on nursing and where we can conserve on professional care in the institutions—not to lower our standards, but to be ready and prepared when the call comes; not wait until the call comes, if it does come, and not be ready to meet it immediately.

We want above everything else to feel that every hospital is coordinated and cooperating one hundred per cent with the other units in the community. If the other units will cooperate, we can assure the Commission as well as the other organizations in the community of a one hundred per cent support. I am going to be brief because the time is getting late, and not because there is not much more to say on this subject.

THE WORK OF THE WESTCHESTER COUNTY HEALTH PREPAREDNESS COMMITTEE

By

George H. Ramsey, M. D.

Commissioner, Westchester County Department of Health

Yesterday afternoon Dr. Rice very kindly invited me to attend an important occasion, the Seventy-Fifth Anniversary Meeting of the New York City Board of Health. I was surprised to find out at that meeting that the first metropolitan board of health founded in 1866 not only served that city but Westchester County, and that then we were under their jurisdiction. Fortunately or unfortunately for Dr. Rice, that is not true at the present time, and Westchester County has a county department of health.

I come to you then on a local level, as a county health officer faced with the problems at home, and if you don't mind my saying so, because it has some bearing on other remarks I shall make, I also come to you officially as the representative of the Health Defense Committee of the County Medical Society, and as Secretary of the Preparedness Committee of the County.

When our Committee was formed, we, as I am sure was true of all of us, were faced with a sense of vague uncertainty and with a lack of knowledge as to what we could do and as to what we should do. We still feel that uncertainty. We still look for guidance either from Albany or from Washington as to specific duties that our Committee should undertake to perform.

We realize too that the reason we were uncertain is because no one in the country can prophesy as to what we are going to face, but we felt this: That we should decide for ourselves that this is an unusual situation, and that what we are preparing for is to be a real emergency of some kind. Whether it happens or not does not matter. But we cannot be content with sitting back and talking about it, as they did in many fields in Europe to their ultimate downfall. Nothing may happen, but nevertheless we are attempting to regard our function as one of preparation for something that really may come to pass.

Proceeding along those lines the first thing we did was to appoint a steering committee, and that committee took upon itself the function of gathering together reports of work along the same line which has already been done in Westchester County. We gathered, for example, the report of the Health Committee on Medical Preparedness of the County Medical Society, and we found that that the Society committee, which

was formed way early last summer, had sent out questionnaires also early last summer, before any others were sent out, to each physician in the County of Westchester. The percentage of returns on those questionnaires was 90.

The Medical Society Committee met several times and classified each physician according to his ability for military service, taking account of to his physical qualifications for such service, and the medical or surgical specialty for which he might be fitted. That classification has since been reviewed. It also listed physicians according to the requirements of the civilian population, on the basis of the location of established hospitals and upon the necessity for leaving in the locality, if possible, a number of key men. It looked over the hospital facilities in cooperation with the County Hospital Association. It recommended physicians to be appointed to local draft boards and to medical advisory boards, and it made plans for helping to safeguard the income of physicians who might be called into military service. It also considered the question of catastrophe units.

We also had at our disposal a report of the Westchester Committee of the District Branch of the State Nurses Association, and found that they too had sent out a questionnaire to local Westchester County nurses, whether in practice or not. The returns include questionnaires from 1,600 out of the County's 2,000 or more nurses.

The Nursing Committee recommended, in line with the recommendations of the New York State League of Nursing Education, that refresher courses be given to retired nurses and nurses for any reason unemployed. The Nursing Committee also took up the question of emergency nursing service, and felt that professional nurses, not in practice, if they were given refresher courses would be valuable.

It also reviewed the service of voluntary agencies, including the Red Cross and the special programs of similar work that are to be carried on under other auspices in individual hospitals.

Our own Committee had a report too from the Westchester County Hospital Association, which had studied and had made available in detail the bed facilities in the county and their location. As has already been told you is true of the state, it was found that beds were seventy-five per cent occupied. The Hospital Association also reported in detail on the numbers of ambulances available, and the status of ambulance service in the county. Studies were made of out-patient service, laboratory service, and X-ray facilities. The Hospital Association is now engaged in surveying the large number of convalescent homes and similar institutions, of which there are quite a number in Westchester County, to determine how they could be used if and when anything happened.

There has been for some time, under the direction of Dr. Ramsdell, an evacuation hospital plan under Army Reserve Corps

auspices. There are complete plans for turning the Westchester County Center into a hospital, if necessary. Those plans were intended for Army use of course, but could be changed to meet civilian needs. There is a similar plan for extending the facilities of the county hospital, Grasslands.

Most important of all, of course, is the work of the County Chapter of the American Red Cross, which has been reported to our Committee. A special meeting of that Chapter was called early last summer, and its work reviewed.

The things I would like to stress are needs already provided for. We know, for example, from the Red Cross that their organization has available an ample number of surgical dressings ready for emergency. We also know that in the County there are upwards of 280 Red Cross nurses, of whom seventy-one are subject to first call; that there are twenty in the county who are approved up to the present time to teach the 24-period course on the home hygienic care of the sick. Some twelve courses of that kind are in progress, and the enrollment in each course is up to fifteen or twenty. These courses are very popular; people are anxious to do something definite.

Then there is also the hospital aide course which requires four months and 100 hours of service. There are about 400 aides now working in Westchester County hospitals, some of whom have had that particular course.

We have also found out by a report from the Westchester Lighting Company that a goodly number of that organization have had training in first aid. The number runs into the hundreds and other industries are being surveyed to determine the number of such people.

We have discussed all of these reports, and have formulated some simple rules of action of our own. Let me say at this point that the members of the Committee have decided that if they are preparing to meet some real emergency they must drop their own vested interests; in other words, the members of the Committee do not consider themselves there to glorify or promote their own organization. They consider themselves as honestly and sincerely planning for the best interests of the County of Westchester, whether it be for the best interests of the particular organization or not.

The committee believes that it should be a coordinating rather than an operating committee. It should suggest activities to agencies best fitted to carry them on, refraining as far as possible from carrying on specific projects of its own. One of its chief functions, if not the chief function, should be the avoidance of duplication of work. Such things as this come up every time we have a committee meeting. We live in Westchester County, close to New York City, and almost inevitably we begin to talk about what is going to happen if the water supply fails, what is going to happen if the lighting facilities are

gone. We come to the conclusion that there are several different systems that could be used, and what we might do about it. Then we suddenly realize that there is already a committee of the County Defense Council who is taking up that very thing, and there is no reason why we should duplicate their work. So we go on and we talk about other matters which are within our own sphere.

We have adopted a few other simple administrative procedures. One of these is the election of a permanent secretary. A second is to empower the chiarman to appoint a vice-chairman if he wishes to do so. We have also empowered the chairman to appoint such sub-committees as he feels are necessary to be appointed. We believe that most of the work of our committee must be done by small sub-committees who can get together easily and who can really function.

These committees are now in process of appointment. One of them is a committee on catastrophe units which will work, in close cooperation with the Medical Society, with the Nursing Organization, and with the Red Cross. Already designated are key doctors in each town and village and key nurses who are the nucleus of that committee. They presumably in the end will have a complete list of names in their own locality of available doctors, of nurses, of ambulance drivers, of first aid people, and so on.

We expect to appoint a committee of our own on nutrition.

We are also appointing a committee on industrial health services. All this has been done so far without financial help. We hope that legislation will go through so that our committee can have a small amount of funds with which to carry on.

Looking forward to the future, the kind of information that we are collecting and the kind of coordination we are trying to do, will not be of much use six months or a year from now unless it is reviewed again; and we feel that as long as there is need for it the Committee must do enough secretarial and investigative work to keep together the coordinated list of activities and individuals that it maintains.

We also hope that as the committee becomes better known it may become regarded throughout the county as the place to which people first go when they want to do something, or to know something about health preparedness. The Committee realizes too that even though an emergency or war is avoided, there must always be a never ending battle against disease. We hope that we shall contribute to the permanent coordination of efforts for improving the health of the County.

WHAT THE ADVISORY HEALTH PREPAREDNESS COMMITTEES OF THE COUNTIES CAN CONTRIBUTE TO TOTAL PREPAREDNESS

By

G. M. Mackenzie, M. D.

Physician-in-Chief, Mary Imogene Bassett Hospital—Chairman, Advisory Health Preparedness Committee for Otsego County

If the advisory health preparedness committee in each county is not to be just one more ineffective, advisory committee, it must courageously examine health conditions and with imagination make a broad interpretation of preparedness. These committees are close to the concrete problems of the health of the people; they are close to the defects in the health services which our democracy has set up; they have an opportunity to make contributions to the total preparedness effort. The county committees need not take a narrow view of their range of action. Since health is a large component in military preparedness, in industrial and agricultural production and in the spirit, morale and enthusiasm of the people, these county committees, working in collaboration with the county medical societies and other health agencies, may reasonably devote their attention to anything which tends to promote physical or mental health.

But these county preparedness committees are only advisory; they have no authority to execute any of the health programs they advocate. Whom, then are they to advise? First, they may properly advise Selective Service boards and those responsible for mobilization regarding the importance of a doctor, a dentist, a sanitary engineer, a pharmacist, a laboratory worker, or some other individual in the county health organization. Maintenance of existing health services is clearly an important part of preparedness. A community with inadequate medical care is a soft spot in the scheme of health preparedness. At the same time the committees should carefully weigh all the facts and use discretion in advising Selective Service boards that an individual should be placed on the deferred list. Second, the county committee may confer with and advise the Board of Supervisors or its Public Health Committee. Third, it should collaborate with and advise the local Defense Council. Fourth, it should inform and advise the people regarding health and health services. The composition of the county health preparedness committees is sufficiently representative of the various health agencies and groups in the community to enable them to examine and appraise the contribution of each of these agencies to the health of the people in the county.

In this health mobilization effort we ask ourselves, "Preparedness for what?" The first and obvious but incomplete answer to that question is that we must prepare ourselves for war. Preparedness is not simply a matter of training and equipping men to fight. This is a struggle between the total effectiveness of the people on one side and the total effectiveness of the people on the opposing side. We are in competition with a system in which the leaders are determined to destroy democracy; and we must find ways of doing more for the health and social well-being of the people in this democracy than competing systems do for their people. This segment of the problem of preparedness urgently calls for cooperation, resourcefulness and the intelligent application of science to the health problems of all the people. Why should the man with no job, whose malnourished children receive very little or very poor medical care be eager to fight for democracy? The best available evidence seems to show that about 40,000,000 of our people are undernourished, and nearly as many do not have proper medical care. A strong national defense cannot be built on a foundation of undernourishment.

But let us consider the scope and specific content of a health preparedness program at the county level, and particularly at the level of the rural county. Under the following headings and questions eight areas are indicated in which the health preparedness committees of the rural counties, in collaboration with supervisors, the county medical society and other health agencies, might operate:

1. *Nutrition*—Although undernourishment is closely linked with economic conditions, it should nevertheless be possible, without great expense, by the addition of a nutritionist to the county health personnel, by school lunches, by education of nurses, doctors and the people to reduce materially the health impairment due to dietary deficiencies. The newer knowledge of nutrition presents an opportunity for a wider distribution of health than we have ever approximated.

2. *Control of communicable disease and especially venereal disease*—These committees might give effective help to the federal, state and local agencies now working on these problems.

3. *Laboratory service*—Is adequate laboratory service available and is proper use made of available facilities? The county committee should include a representative of the Public Health Laboratory. Modern medicine has its roots in the laboratory.

4. Does the existing system of licensure protect the people of the state against the incompetent or unscrupulous practitioner? Do present conditions of medical practice make it possible for the isolated practitioner to bring to his community the benefits of recent progress in medical science?

5. Is the organization of the health services of the county suited to the needs? Are more county health departments needed? Is the system which makes use of local part-time health officers an effective one? Are the representatives of the State Department of Health in the district organizations fully alive to their opportunities and responsibilities?

6. Could the county medical society make more effective contributions to public health?

7. Are hospital facilities adequate? Are high standards maintained? Is the hospital functioning as a center for continuing professional education? Is the hospital showing awareness of its social responsibilities?

8. Who or what stands in the way of bringing to the people what science has long been ready to contribute so abundantly to their welfare? Can democracy be proud of the fact that thirty years after science had provided the means of eradictaing syphilis, not far from 10 per cent of the people of this country have been infected? Can democracy develop a technique to make more quickly available what science has to contribute to health preparedness? Science is eager to help.

This list might easily be lengthened; but even though incomplete, it leaves no room for, and indicates that this is no time for, complacency. Perhaps the stimlus of danger from without will accelerate the tempo of progress. It may be later than we think. Who can say that our ordeal is remote? The advisory health preparedness committees of the counties can help the people of this state to prepare for what is coming. In doing so, they can contribute something to prove that the promises of democracy are not as empty as they must seem to nearly one-third of the American people.

NUTRITION PROBLEMS IN HEALTH DEFENSE

By

Martha H. Eddy

Secretary, New York State Nutrition Committee

Never before in the history of this country has there been greater necessity for every man, woman and child to be physically and mentally strong. In view of this we now see new significance in statements which we have known for some time, principally that one that 45,000,000 people are not getting a diet adequate to maintain good health and vigor. Problems of nutrition have existed for some time, but its vital importance is just beginning to be recognized by many people.

Dr. W. H. Sebrell, of the United States Public Health Service, said recently that "in all probability nutrititional diseases constitute our greatest medical and public health problems, not from the point of view of the number of deaths but from the point of view of disability and economic loss, a fact about which we have been misled by the very low death rate and inadequate diagnosis."

What are the main causes for this lack of adequate diet to maintain good health and vigor?

1. Lack of funds to purchase the right food;
2. Lack of knowledge as to what is the right food to eat;
3. Unwillingness to eat the right diet even when we know what it is.

In the first place,—lack of funds to purchase food,—that is a rather difficult hurdle for us to surmount; because we know from the consumer purchase studies that 35 per cent of the families in this country have yearly incomes of less than $750; that more than two-fifths of the families have incomes of less than $1,000 per annum; that nearly two-thirds have incomes of less than $1,500 per annum; and that less than one-third of the families in the United States have incomes of more than $1,750 per annum. So that is a difficult hurdle for us to surmount in bringing about adequate nutrition for all the people.

The second one is lack of knowledge of what to eat. That is not so difficult. With all the agencies and all the interested individuals working with families and visiting homes it is quite possible, if our work is coordinated, to bring to every person the knowledge of the right foods to eat.

Possibly the last one is a little more difficult, the unwillingness to eat the right food even when we know what the right food is. That is a more or less insurmountable hurdle because we are human beings, and there is something about us that sometimes makes us unwilling to see any relationship between what we know we ought

to do and what we actually want to do. That is the phase of this problem on which possibly we shall need to do the most work. But as one of my friends has said so many times, "The only difference between the difficult and the impossible is that the impossible takes a little longer to accomplish."

In view of these difficulties, the lack of funds to purchase, the lack of knowledge, and the necessity for bringing about willingness to eat the right foods, we know that we are faced with a very definite challenge, very well expressed by Dr. Thomas Parran recently when he said, "Through adequate nutrition we have it in our power to build a new race of people in America."

In order to unify the teaching and formulate a scheme for interchange of scientific information and methods designed to bring nutritional knowledge to every home, quite informally interested representatives of the Departments of Health, Education and Social Welfare, met with those of the New York State College of Home Economics in 1938, and as a result of their deliberations formed themselves into a State Nutrition Conference Committee, which has met regularly for purposes of coordination and cooperation. As a result, two state-wide nutrition conferences were held at Cornell in the summer of 1939 and 1940.

Among the 500 who attended these conferences were representatives of every public and private agency working with families on problems of nutrition and on other related home-making problems.

As a result of these conferences, several counties started county groups of nutritional committees in 1939, and in 1940 they asked the State Committee to take the responsibility for developing suggestive plans for setting up county nutrition committees. At this same conference they offered to Governor Lehman, by resolution from the floor, the help of all the organizations represented at the conference in a defense program for the state. Through Dr. Elizabeth Gardiner, as chairman of the state committee, this offer was made to Lieutenant Governor Charles Poletti as Coordinator of the New York State Defense Council, and was accepted by him.

Again, in the summer of 1940, Dr. M. L. Wilson, who was the adviser on nutrition to the National Defense Advisory Committee, and Dr. Louise Stanley, of the United States Department of Agriculture, asked that the Land Grant Colleges in each state take the initiative in setting up state nutrition committees to deal with nutrition in relation to defense and other defense activities. As Dean of the New York State Colleges of Agriculture and Home Economics of Cornell University, the Land Grant College in this state, Dean Carl E. Ladd asked this Nutrition Conference Committee to be a nucleus for a state nutrition defense committee in this state.

In response to repeated requests for help in setting up county nutrition committees, the State Committee in the early fall of 1940 sent to each county suggestions for developing a county organization.

Temporary county chairmen were selected and asked to initiate the first steps in calling together county committees of trained people and others who would be interested. These temporary chairmen were carefully selected from the following groups: District health officers, public health nurses, county leaders of home economics teachers, city supervisors of home economics teachers, social workers, home demonstration agents, 4-H club agents, nutritionists from the faculties of local colleges, executive secretaries of county tuberculosis and public health committees and outstanding lay leaders.

Nine regional conferences were held by the state nutrition committee with these temporary chairmen. At these meetings the concensus was that the following objectives were essential to a nutrition program:

1. To bring to every person in every community a better understanding of nutrition and of the right foods to eat for optimum health.
2. To give information and help to people of all income levels on the selection, preparation and preservation of food, and wherever feasible on how to raise at least part of the family food supply.
3. To increase an awareness on the part of homemakers and their families of the food necessary for good health and of the wisdom of actually eating it.
4. To bring about a feeling of responsibility in every community to see that all its families have the necessary foods for health, regardless of income.
5. To bring about recognition of the fact that the greatest contribution every homemaker can make in the defense program is to feed her own family the right food and to assume her share of responsibility for helping every person in her community to become a strong American.
6. To cooperate with all other agencies in achieving these objectives.

At the present time county nutrition committees have been set up in approximately 35 counties. The State Committee helps in any way it can but urges each county committee to develop its own program on the basis of its needs and of its resources.

Some of the programs already underway in the counties are:

1. Surveys of resources and needs.
   A number of counties have undertaken informal surveys of resources within the county for teaching, publicity, etc., in order to prevent overlapping of services as well as to bring about their most efficient use.
2. Basic nutrition courses.
   a. Refresher courses for trained economics teachers, both professional and lay. The New York State Home Economics Association and State Dietetics Association as a part of the national programs are mobilizing their members for any service that may be required. These trained people, as well as trained local leaders from the adult education and extension groups, will be available in many cases and will welcome such refresher courses utilizing the resources of the various educational institutions in the state.
   b. Short courses in nutrition for lay groups, using the programs already planned by the Red Cross and others.
3. Advice to individuals on specific nutrition problems.

4. Publicity, such as posters in store windows and in school buses, newspaper articles, radio programs and other means of publicity, to call to the attention of the public the need for improved food selection, as well as how to use surplus commodities.
5. A school lunch program for improving the condition of undernourished children.
6. Improved farm and home food supply.
   In many areas an adequate family garden has saved many families from nutritional ruin. Despite their availability, in far too many homes the consumption of protective foods is too low. Most county committees will sponsor a program for better gardens, particularly in rural communities this spring and a food preservation program next summer.
7. Wider use of milk and other protective foods.
8. Demonstrations of well-planned meals in homes or with large groups at churches, service clubs, women's clubs, etc.

Among the problems still unsolved on which many agencies have been working there are some which will become more acute under conditions of emergency such as:

1. Overcrowded living conditions and overstrained resources in communities surrounding defense industries and government plants, such as airplane fields or army camps, where there may be an actual shortage of food, either quantitatives or qualitative, for homes or public eating places an where problems of housing, sanitation and recreation may be equally acute.
2. The speeding up of industry in defense plants will require increased stamina, muscle and eye coordination on the part of workers.
3. Shortage of labor, increased operating costs and higher taxes may offset increased income in agricultural areas resulting in decreased cash income for living costs.
4. Many families of men drafted for selective service will be living on a decreased income.
5. Nutritional problems have been revealed in men rejected for selective service that need correction.
6. The purchasing power of many families, especially clerical and professional workers, will be greatly lessened during a period of increased prices.
7. In the event of food shortages, special plans would have to be made for substitutes and safeguards in order to insure an adequate amount for our people and provide instruction in the use of these substitutes.

All of these problems can be attacked more efficiently and successfully in local communities through the coordinated effort of physicians, nurses, home economists, nutritionists, social workers and all who are concerned with the welfare of people. By working together now to meet immediate needs, we shall be better prepared for cooperative effort when and if there is an emergency.

The state and county nutrition committees have undertaken a long term program of nutrition education to bring about in every home "nutritional prosperity" instead of "nutritional depression." However, they stand ready to make any adjustment which will enable them to contribute most effectively to the total Defense Program.

We have heard a great deal today about plans for coordination. Effective coordination cannot come from the top down; it must emerge from the grass roots. There must be a willingness on the part of you and of me and of others like us at home, to work, to make a very definite contribution and, if necessary, to make sacrifices. We must forget ourselves. We must forget our organizations. If at any time an organization uses this program to promote the work of its own group, the plan will fail. Any coordinated program will be effective only if we always remember our common goal: that is the "well being of the people, and everything which contributes to their protection and to their care."

RECOMMENDATIONS CONCERNING REORGANIZATION OF THE MEDICAL WORK OF SELECTIVE SERVICE BOARDS IN NEW YORK AND OTHER LARGE CITIES

By

George Baehr, M. D.

Chairman, Committee on Public Health Relations of the New York Academy of Medicine

As a member of the State Health Commission, I should sit and listen, but the Chairman has asked me to say a few words on behalf of the Committee on Public Health Relations of the New York Academy of Medicine, which at the request of Colonel Kopetzky has interested itself in the operation of the medical activities of selective service. The selective service law places the responsibility upon the local communities for the selection of those who are physically and mentally best equipped to serve the country in a military capacity. It is the privilege as well as the responsibility of the local boards to make the selection from the best qualified residents of their communities. To each local board is assigned a physician who must eliminate the physically unfit. This system of medical examination by a local board physician cannot be improved upon in the smaller towns, villages and cities. Those of us who have been interested in the operation of the medical work of the selective service boards in large cities, such as New York City, have observed certain defects which we believe will become magnified as time goes on. As Col. Kopetzky has reported, at least 20 per cent of those who are considered physically fit by physicians of the local selective service boards are subsequently rejected by the induction boards as physically disqualified for military service. By that time, they have abandoned their jobs and have been through the emotional strain of parting from their families.

The present medical organization of the selective service system in the City of New York consists of 342 physicians, one for each of the 280 local draft boards, fifty-seven additional physicians to assist them and five extra physicians who serve on "mixed boards." In addition, there are 212 specialists serving on twenty-six Medical Advisory Boards to whom questions are referred by the physicians of the local boards. Thus, the total number of physicians serving the local draft boards under the Selective Service System in New York City is 554.

The physicians are unpaid and are not provided with adequate facilities to examine the candidates; they have no laboratory or other diagnostic aids and no opportunity for consulation with

each other. This may in part be responsible for the fact that one in every five men certified as fit for military training is rejected by the Army Induction Board. The medical division of the Induction Board has all the advantages of proper medical team work and the presence of Army officers who judge the registrants' fitness from a military standpoint.

As the Selective Service System is designed to operate for the next four years, and by amendment may be continued indefinitely, it is important that the underlying medical organization be placed on a sound, permanent foundation. Competent medical service will eventually save the country huge sums in indemnities, life-time medical care, and pensions for those who never should have been inducted into military service, as you have learned today from the various speakers who have preceded me. It should also reduce the number of those who are accepted and who are subsequently rejected after they have severed all their business ties and have gone through the emotional strain of leaving their families and their homes. Under a proper system of medical organization the registrants who are rejected because of minor physical defects could be referred for the correction of remediable conditions so that they might later become eligible for service.

Realizing the shortcomings of the present system of medical examination, Colonel Samuel J. Kopetzky, who addressed you earlier in this Conference, Chairman of the Committee on Medical Preparedness of the Medical Society of the State of New York, requested the Committee on Public Health Relations of the New York Academy of Medicine to give him the benefit of its specialized experience. After analysis and study of the medical work of local selective service boards in New York City, the Committee recommends the following plan of reorganization:

1. Solely for the medical examination of registrants, the territories of a number of contiguous local selective service boards should be consolidated into unit areas, the size to be determined by the population density and the ready accessibility of a centrally located medical institution, either an out-patient department of a hospital or a district health center building.

2. Arrangements should be made with a hospital or health center in each of these areas of the city for the use of its facilities on specified evenings during each month, the examination rooms as well as the laboratory, X-ray, and other facilities to be made available at a stipulated compensation on a per unit or a per hour basis.

3. For each geographic area a medical staff should be assembled, consisting of internists and other specialists in the various branches of medicine who would function as a team. The number of internists and specialists should be sufficient to assure swift and smooth functioning of the team and to avoid delays

at any point in the examinational procedures. Some of the former local board physicians would be employed to do the preliminary screening. Those of the registrants who were not eliminated during the first screening process would then undergo examination by the other members of the medical team.

The plan proposed visualizes a succession of steps which would make for the greatest economy and working efficiency. The registrants with gross defects would be eliminated before any time or money is spent on refinements of examination. The X-raying of the chest is recommended as a routine procedure.

4. In addition to the medical personnel, it will be necessary to have lay assistants for each team to guide the registrants during the progress of the medical examination. The teams would operate in a manner similar to the induction boards.

It is estimated that with the proper organization of the medical team and with the insistence upon thoroughness in the examination, a medical team should be able to examine seventy-five men in a three-hour session, provided there is adequate clerical assistance. It should be possible to obtain the services of qualified specialists for this work on a permanent basis, provided they are paid. Because of the responsibilities involved, it will be impossible to organize a competent professional personnel for a permanent project such as selective service without compensation.

5. One of the men on each team should be designated as the executive officer responsible for the conduct of the team and charged with the duty of assembling all the medical data concerning each registrant.

6. It would be desirable to have an Army liaison officer assigned to each medical team in order that questions of a purely Army character could be answered without delay and unnecessary rejections by the Induction Board avoided.

7. With the proposed medical organization, the present Medical Advisory Boards would become unnecessary. If a difference of medical opinion should arise, or if a registrant should desire to appeal from the decision of the board, the appeal should be referred by the Medical Director of the Selective Service to a consulting referee specialist. It is anticipated that such instances will be relatively few and that specialists of high competence will be prepared to render this service as a public duty without compensation.

8. Such conditions as varicocele, hemorrhoids, or gonorrhea, for example, should not excuse a man permanently from service. Attempts should be made to secure correction of such conditions. It would be most unfortunate if it became generally known that venereal diseases permanently disqualify a man from service. Men found to have syphilis or gonorrhea should be ordered to hospitals for treatment, and they should be required to report back periodically for re-examination.

This, in general, is the brief outline of the plan proposed as a substitute for the present confused procedure which requires 554 uncontrolled individual physicians to do the medical work of 280 local draft boards in the City of New York. The plan is probably applicable to all the larger cities. Most medium sized cities would require one such medical examining board to serve all the local selective service boards. In New York City one or more such medical boards would be required for each borough.

As a member of the State Commission, I can be excused from throwing any further bouquets at our distinguished Chairman, much as he deserves them. I should like, however, to throw an extra large bouquet at the audience for its remarkable exhibition of endurance.

MEDICAL ASPECTS OF VOCATIONAL AND INDUSTRIAL TRAINING—THE ROCHESTER PROGRAM

By

Albert D. Kaiser, M. D.

Past President, Medical Society of the County of Monroe—Member, New York State Health Commission

When the question of determining the fitness of industrial trainees for war industries presented itself to the Board of Education in Rochester last summer the matter was discussed with the Health officer of that city. He in turn suggested that the problem be discussed with the County Medical Society. At a joint conference it was agreed that a physical examination should be given to the applicants for this training, thereby enabling industry to employ them promptly at the conclusion of their training period and to determine which applicants might be given restricted employment due to some physical defect, and to determine those who had remedial defects who would otherwise be rejected after the completion of their training. The Medical Defense Committee of the County Medical Society in cooperation with the Rochester Health Bureau and the Monroe County Tuberculosis and Health Association offered the Education Vocational Training Service of the Board of Education a plan which was inaugurated in August of 1940. This so-called Rochester Project, for the medical examination of industrial trainees for war industries and the follow-up of defects discovered and their correction as far as possible, was made possible in part by the provisions of U. S. Public Health 668 Emergency Defense Training Bill.

Aided by many practicing physicians and the County Tuberculosis Sanatorium, the examinations have been going on for the last six months. The project has included the examination of 1,620 men between the ages of 18 and 45. Physicians employed by the County Society have received $2.00 for their part of the examination, and in the evening clinic service, an additional $1.00 for an examination has been charged for organization and nursing service. In addition to the $4,240 paid by the Board of Education out of Federal funds, the Board of Education has paid for clinic supplies and the Tuberculosis and Health Association has contributed the part-time service of a medical consultant and a refer clerk at a total cost to the board and the Health Association of $1,760 for the six months' period ending February 28.

The examinations have been given in the nurses' offices in eight shop schools, a majority between the evening hours of

nine and eleven. Four physicians have usually been employed on a given night, working as individuals and not as a diagnostic team.

In the conduct of the Rochester service, pre-enrollment examinations have not been possible and men have been examined during the ten week training period.

Each trainee referred to the axamining physician at his school is required to fill out a personal history blank preceding the examination. Each trainee is then measured, weighed and given vision and hearing tests by the clinic nurses, then temperature, pulse and percentage of hemoglobin in the blood are recorded. Following examination by a physician, in the course of which the physician notes the physical defects and records them on the card, the physician himself makes a preliminary rating. If the rating is III—meaning major physical defects or conditions needing immediate correction—or IV—denoting a disqualifying defect or physical condition—the physician discusses his findings with the trainee and urges him to seek medical counsel if he is not already under the care of a physician. A Wassermann test is then given, also a tuberculin skin test, and a sample of urine is obtained. The medical record is referred to a rating committee. The medical findings are considered to be confidential information and the Board of Education and the State Employment Service are advised only of the health rating. The rating standard is based on the practice in vogue for employment in the larger industries in Rochester. When the reports of the laboratory tests and the tuberculin skin tests are received, they are attached to the medical record. Chest X-rays are arranged for all men having positive skin tests.

When all information is assembled, the Board of Education and the State Employment Service, which cooperates with the United States Employment Service, is advised by the letter of the examination rating.

All men having a III or IV rating are sent a communication by the Board of Education addressed to their homes, worded as follows:

"A review of your medical examination record shows that you have certain physical defects or conditions needing correction.

"A report of your health rating has been made to the New York State Employment Service, which cannot assist you in obtaining employment until you meet minimum industrial health standards.

"You are urged to consult your own physician and dentist. If you are financially unable to obtain private medical care, we suggest that you call the Tuberculosis and Health Association."

When the trainee visits the Health Association office, which is also the headquarters for the County Medical Society, a reference is made to his medical record and he is referred to the office of the medical consultant who reviews his record and re-examines

him with the objective of qualifying him as soon as possible for employment "specifically cited".

If it is not possible to make arrangements for corrective treatment, the medical consultant suggests the type of work the trainee is physically capable of doing. This service of fitting the man for the job he is physically qualified to fill has turned out to be the most significant feature of the Rochester project.

An analysis of the present status of 1,116 men examined up to October 31, showed that according to the rigid health standards set up, three per cent were unemployable in war industries and an additional twenty-four per cent unfit for military or war industry industrial service.

As of February 28, thirty-seven per cent of the men found to have correctable physical defects had been referred to the Employment Agency as qualified for employment "specifically cited".

Within the past week, in Albany, Federal Security Administrator Paul V. McNutt suggested six major steps necessary to coordinate health and welfare services in the national defense program. The third activity recommended by him was that "civilian health must be improved, especially among young men who would be eligible for military service if some physical defect were remedied."

Our recent analysis of County Medical Society medical records in this Rochester project reveals the following findings:

1. Of the two-thirds of the originally physically disqualified trainees who visited the medical consultant of the Tuberculosis and Health Association, many of them with multiple defects, one-half were not only re-classified for employment but through the efficient functioning of the Handicap Service of the State Employment Bureau, the placement of these men in positions equals the placement record of the physically perfect men.

2. A majority of those trainees who have not taken advantage of the refer service maintained by the Tuberculosis and Health Association have been WPA workers in the age group 40 to 45, a number of whom had multiple uncorrectable defects. When advised at the time of examination of their physical condition, they "demanded the right to complete their training in order to take their own chance of securing employment without reference to the State Employment Service."

3. Although twenty-nine per cent of the trainees were found to have positive skin tests, and 12 were advised to return for subsequent X-rays, no men were found to be in need of hospital care and treatment.

4. The 9 trainees having positive Wassermann tests, having satisfied Health Bureau authorities that they would continue under treatment, were subsequently approved for employment.

Arrangements were made to give smallpox vaccinations to men with no vaccination scar.

5. Of the 71 men (seven per cent of the total) found to have marked near vision defects, including 11 men who were blind in one eye, eighty-four per cent, having been re-examined by eye specialists who contributed their services and having secured glasses to correct vision defects and protect the good eyes, were approved for employment.

6. Of the 43 men (four per cent of the total) found to have marked hearing defects, having been referred for treatment to ear specialists, all were approved for employment.

7. Of the 92 men found to have cardiovascular disease (four per cent of the total examined had heart murmurs), diabetes, kidney disease and other chronic diseases (three per cent of the total examined were found to have sugar or albumin in the urine), and diseased tonsils (two per cent had infected tonsils), all were referred to clinics or private physicians and physicians requested to give reports of present status to Employment Agency.

8. In the original ratings, hernia was an invariable cause for rejection and therefore 19 men were referred for surgical treatment. Reports received indicate that 10 have been operated on.

9. It was found impossible to make any more than emergency provision for dental repair. (With regard to teeth, thirty-four per cent of the total examined were found to have dental caries, twenty per cent had teeth which needed cleaning, eleven per cent teeth needed extraction and three per cent of the men were found to be suffering from pyorrhea.)

10. Of the 28 men (three per cent of the total examined) found to have varicose veins, all were approved for employment after re-examination.

In concluding this brief but revealing report, it should be explained that the success of the project has been due in a large part to the fact that it has been carried on under the direction of the Medical Defense Committee of the County Society and more specifically, under a subcommittee composed of the Medical Defense Committee Chairman, an industrial physician, and the Rochester Health Officer. Although a total of more than 80 physicians have made the physical examinations, the records have been carefully reviewed and a high standard of medical service rendered.

The suggestion has also been made that a similar project be developed for the workers in the National Youth Administration organization. The lack of Federal provision for financing even the initial examination of these young men and women, and the evident disinterest on the part of Federal authorities in any but the physically perfect, has stood in the way of any further

community effort to conserve manpower or salvage those even temporarily handicapped by physical defects. Certainly far-sighted government policy should make provision for a health preparedness program having in mind all youth, whose welfare is vital to the nation's defense.

Local Committees and the Future

Every man and woman who attended the State-Wide Health Preparedness Conference is a soldier in the cause of health defense in New York State. It is the belief of the Health Commission that by virtue of the information dispensed to them by the various experts on the program, that they are now better than ever able to carry on their work on the health defense front. For their attendance at the conference, as well as for the work they had done previous to the conference, and for the work that faces them now that the conference is over, the Health Commission is deeply grateful.

Perhaps many people may ask the question:

> "All this is very well, but, having organized your local official county advisory committees, and having supplied them with a body of information, just what is actually being accomplished?"

Let us choose at random three examples of the services rendered the cause of health defense in New York State by the official advisory county committees.

Through General Phillipson, Commander of the 2nd Corps Area, the Commission was supplied with a list of the medical reserve officers in New York State, including New York City. These lists were broken down by counties and mailed to the Advisory Health Preparedness Committees with the request that the committee review the names and designate those physicians whom they felt could not be spared from the local communities without extreme detriment to existing medical care facilities for the civilian population. They were also asked to give the reasons for this judgment. Approximately two-thirds of the counties have responded and forwarded the annotated lists. This data has been forwarded to the Corps Area Commander.

An inventory of the laboratory facilities in New York State has been completed as a joint effort of the New York State Association of Approved Public Health Laboratories and the Division of Laboratories and Research of the State Department of Health. The approved public health laboratory situation for each county has been prepared together with recommendations for meeting the present emergency and including the cost of additional facilities both to the local community and the county and State. In addition, a plan has been developed for an emergency mobile laboratory service to be set up and operated out

of the main State Laboratory in Albany. This information has been supplied to our County Advisory Health Preparedness Committees for their use and action.

The New York State Hospital Association is completing tabulations on the hospital survey for the State. (See Dr. MacCurdy's paper at State-Wide Conference). This information is being tabulated by counties for the individual hospitals, and the Advisory Health Preparedness Committees will be provided with the data pertaining to their county within the next few days. In addition, a survey is being completed concerning the ambulance services of the State and the schools of nursing. This is also being accomplished by the New York State Hospital Association.

Day by day, achievements of this sort are being accomplished by the local county committees. As time passes, the tasks confronting these committees will grow in magnitude, and orientation in the field of health defense, plus experience, will enable the local committees to solve these problms.

Their job is not an easy one, nor is it apt to be of short duration. They are meeting their problems with vigor and intelligence, and it is hoped that the studies published herein will assist them to some degree in their work. The New York State Health Commission is proud of its role in having organized the local official advisory committees. They are the unsung heroes of the health front, and in days to come, in peace or war, the work they are accomplishing today will bear fruit in an intelligent program of long range planning for the health of the State of New York.

APPENDIX

Membership Lists of the County Official Advisory Health Preparedness Committee

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ALBANY COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Joseph Yavonditte	Court House, Albany
2. District State Health Officer having supervision of the area.	Dr. F. E. Coughlin	51 Winthrop Ave., Albany
3. County Health Officer.	Dr. M. J. Keough Dr. C. A. Birmingham	City Hall, Cohoes, N. Y. City Hall, Watervliet
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Stanley Alderson	143 Washington Ave., Albany, New York
5. County Commissioner of Public Welfare.	Leo M. Doody M. A. Cavanaugh J. H. Shine	City Hall, Albany, N. Y. Watervliet, N. Y. Cohoes, New York
6. A representative of the hospitals within the County.	W. L. L. Peltz	822 State St., Albany
7. Representative of the New York State Dental Society.	Dr. J. F. Mulcahy	19 Central Ave., Albany
8. Representative of the American Red Cross.	Miss Mary R. Thomas	Court House, Albany
9. Representative of the New York State Nurses' Association.	Miss Elinor Schultes	245 Lark St., Albany
10. Representative of the New York State Pharmaceutical Society.	George B. Evans	645 Broadway, Albany

CHAIRMAN SELECTED:

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ALLEGANY COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Leon J. MacDonell	132 Shaner Ave., Bolivar, N. Y.
2. District State Health Officer having supervision of the area.	Dr. John A. Conway	206 Main St., Hornell, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society	Dr. Phillips L. Morrison	144 Wellsville St., Bolivar, N. Y.
5. County Commissioner of Public Welfare.	Dr. Ivan G. Howe	Belmont, N. Y.
6. A representative of the hospitals within the County.	Alwin W. Schaller	57 Maple Ave., Wellsville, N. Y.
7. Representative of the New York State Dental Society.	Dr. Howard W. Smith	74 West Main St., Cuba, N. Y.
8. Representative of the American Red Cross.	Mrs. Victorine Sortore	44 Willets Ave., Belmont, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Kathleen E. Miller	5 Willard St., Belmont, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Leon Stevens	Stevens Ave., Friendship, N. Y.

CHAIRMAN SELECTED: Dr. Phillips L. Morrison

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF BROOME COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	A. B. Griffin	Route 6, Susquehanna, Pa.
2. District State Health Officer having supervision of the area.	Dr. A. H. Cummings	709 Press Bldg., Binghamton
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. S. D. Molyneaux	29 Main St., Binghamton
5. County Commissioner of Public Welfare.	Deputy Commissioner Mrs. Donald J. Maines	64 Sherman St., Johnson City
6. A representative of the hospitals within the County.	Mr. Jerome F. Peck	Binghamton City Hospital
7. Representative of the New York State Dental Society.	Dr. Carlton Faust	Binghamton State Hospital
8. Representative of the American Red Cross.	Dr. H. I. Johnston	79 Main St. Binghamton
9. Representative of the New York State Nurses' Association.	Mrs. A. H. Cummings	709 Press Bldg., Binghamton
10. Representative of the New York State Pharmaceutical Society.	Mr. Harry M. Dixon	162 Main St., Binghamton
	(Mr. Austin Johnston	139 Chenango St., Binghamton, Alternate)
ADDITIONAL MEMBERS:		
Health Officer	Dr. C. J. Longstreet	City Hall, Binghamton
Manager, N. Y. Tel. Co	Mr. W. W. Doolittle	64 Henry St., Binghamton, N. Y.
Acting City Welf. Com.	Mr. H. A. Cosman	221 Washington St., Binghamton

CHAIRMAN SELECTED: Dr. Frank M. Dyer, 51 Main St., Binghamton.

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF CATTARAUGUS COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Bert J. Dorsey	Leon, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Robert L. Vought	Hotel Jamestown, Jamestown, N. Y.
3. County Health Officer.	Dr. H. R. O'Brien	Olean, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. A. L. Runals	Exchange National Bank, Olean, N. Y.
5. County Commissioner of Public Welfare.	Mr. H. E. Robinson	Machias, N. Y.
6. A representative of the hospitals within the County.	Dr. Ira W. Livermore	Townsend Hospital, Gowanda, N. Y.
	Dr. Horace LoGrasso	J. N. Adams Hospital, Perrysburg, N. Y.
	E. May Dunn, R. N.	City Hospital, Salamanca, N. Y.
	Mr. C. L. Davis	Olean General Hospital, Olean, N. Y.
7. Representative of the New York State Dental Society.	Dr. J. C. Northrup	Ellicottville, N. Y.
8. Representative of the American Red Cross.	Mrs. George H. Ansley	71 Wildwood Ave., Salamanca, N. Y.
9. Representative of the New York State Nurses' Association.	Marion Murphy, R. N.	Bartlett Center, Olean, N. Y.
10. Representative of the New York State Pharmaceutical Society.	F. R. Brothers	Olean, N. Y.
11. Representatives of the City of Olean.	Dr. Robert C. Peale	119 Laurens St., Olean
	Dr. Ronald Garvey	414 W. State St., Olean
	Dr. Samuel J. Costilone	214 N. Barry St., Olean
12. Cattaraugus Co. Sheriff Dept., representing Little Valley, N. Y.	Irene Sigel, R. N.	Little Valley, N. Y.
T. B. and Public Health Ass'n.	Dr. C. A. Greenleaf	Olean, N. Y.
Cattaraugus County Nurses' Ass'n.	Miss Liala Johnson, R.N.	General Hospital, Olean, N. Y.

CHAIRMAN SELECTED: Dr. A. L. Runals, Exchange National Bank, Olean, N. Y.

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF CAYUGA COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	E. Russell Hall	Court House, Auburn, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Philip J. Rafle	411 Herald Bldg., Syracuse
3. City Health Officer.	Dr. John W. Copeland	City Hall, Auburn
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Harry S. Bull	11 William St., Auburn
5. County Commissioner of Public Welfare.	David O'Hara	Court House, Auburn
6. A representative of the hospitals within the County.	Lawrence Kresge	Auburn City Hosp., Auburn
7. Representative of the New York State Dental Society.	Dr. G. A. Burkhart	Auburn Savings Bank Bldg., Auburn, N. Y.
8. Representative of the American Red Cross.	Miss Anne Dyer	132 Genesee St., Auburn, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Anna D. Corey, R. N.	
10. Representative of the New York State Pharmaceutical Society.	Charles B. Sears	109 Genesee St., Auburn
ADDITIONAL MEMBERS:		
City Welfare Officer.	Mrs. Louise Chisholm	City Hall, Auburn, N. Y.
Sup't of Mercy Hospital.	Sister Huberta	Mercy Hospital, Auburn

CHAIRMAN SELECTED: Dr. Harry S. Bull, Auburn, N. Y.

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF CHAUTAUQUA COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Garfield Gilbert	Ellington
2. District State Health Officer having supervision of the area.	A. S. Dean, M. D.	Jamestown
3. County Health Officer.	R. L. Vought, M. D.	Jamestown
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Edgar Bieber	625 Central Ave., Dunkirk, N. Y.
5. County Commissioner of Public Welfare.	Frank Stowell	Dewittville
6. A representative of the hospitals within the County.	W. L. Rathbun, M. D.	Cassadaga
7. Representative of the New York State Dental Society.	Dr. Clair Walker	Fredonia
8. Representative of the American Red Cross.	Mrs. E. Snell Hall	Jamestown
9. Representative of the New York State Nurses' Association.	Miss Blandina Moreau R. N.	20 E. Fifth St., Jamestown
10. Representative of the New York State Pharmaceutical Society.	Harold Fortune	Jamestown
ADDITIONAL MEMBERS:		
City Health Officer	Dr. William Sill.	Jamestown
General Hospital Board, Pres.	Dr. John Hickman.	Jamestown
Superintendent W. C. A. Hospital	Miss Minnie Hokanson.	Jamestown

CHAIRMAN SELECTED: Dr. Edgar Bieber, 625 Central Ave., Dunkirk.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF CLINTON COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Ralph H. Sanger	R.F.D. No. 2 Morrisonville
2. District State Health Officer having supervision of the area.	Dr. Joseph P. Garen	Saranac Lake, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Frank K. Ryan	14 Brinkerhoff St., Plattsburg, N. Y.
5. County Commissioner of Public Welfare.	Shirley Strack	32 Court St., Plattsburg, N. Y.
6. A representative of the hospitals within the County.	Dr. Irving S. Haynes	Supt. of Physicians Hospital, Plattsburg.
7. Representative of the New York State Dental Society.	Dr. I. A. Boule	136 Brinkerhoff St., Plattsburg, N. Y.
8. Representative of the American Red Cross.	William K. Dunn	50 Cumberland Ave., Plattsburg, N. Y.
9. Representative of the New Your State Nurses' Association.	Miss Margaret Kennedy	Champlain Valley Hospital, Plattsburg, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Dr. Leo D. Connor	73½ Oak St., Plattsburg, N. Y.

ADDITIONAL MEMBERS:

Mr. Patrick J. Tierney, Chairman of the Board of Managers, Champlain Valley Hospital, Plattsburg, New York.	Leander A. Bouyea, Mayor City of Plattsburg, Plattsburg, New York.	Verian D. Otis, City Commissioner of Public Welfare, Platts-

CHAIRMAN SELECTED: Dr. Frank K. Ryan, 14 Brinkerhoff St., Plattsburg, N. Y.

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF CHEMUNG COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Herman G. Dunbar	Elmira Heights
2. District State Health Officer having supervision of the area.	Dr. John Conway	State Dept. of Health, Hornell, N. Y.
3. City Health Officer.	Dr. Charles S. Dale	351 W. Church St., Elmira.
4. County Commissioner of Public Welfare.	Harry Hillman	Elmira, N. Y.
5. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. George R. Murphy	531 W. Water St., Elmira.
6. A representative of hospitals within the county.	John Sullivan	406 E. Church, Elmira
7. Representative of the New York State Dental Society.	J. J. Brickwelde	136 E. Water St., Elmira
8. Representative of the American Red Cross.	Ethel Phillipps	703 W. Water St., Elmira, N. Y.
9. Representative of the New York State Nurses' Association.	Cora Miller, R. N.	Arnot-Ogden Hospital, Elmira, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Thomas Bowlby	90 S. Westmont Ave. Elmira.
ADDITIONAL MEMBERS:		
Commissioner Board of Health	J. Bertram Comstock.	520 W. Clinton, Elmira N. Y.
Veterans	Benjamin Frank.	553 E. Church St., Elmira, N. Y.
City Welfare Commissioner	Joseph Kinzle.	Elmira, N. Y.
	Dr. Ross G. Loop.	Elmira, N. Y.

CHAIRMAN SELECTED: Dr. George R. Murphy.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF COLUMBIA COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Allen E. Phelps	Lebanon Springs, N. Y.
2. District State Health Officer having supervision of the area.	Dr. F. E. Coughlin	217 Lark St., Albany, N. Y.
3. County Health Officer.	Dr. W. L. J. MacDonald	612 Warren St., Hudson, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Roslyn Harris	445 Warren St., Hudson, N. Y.
5. County Commissioner of Public Welfare.	Hugh McClellan	Ghent, N. Y.
6. A representative of the hospitals within the county.	Miss Julia Dousher	City Hospital, Hudson, N. Y.
7. Representative of the New York State Dental Society.	Dr. Clinton Steuerwald	Valatie, N. Y.
8. Representative of the American Red Cross.	Mrs. Belle Robert	Lebanon Center, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Eva Lacey	City Hospital, Hudson, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Arthur S. Wardle	Hudson, N. Y.

CHAIRMAN SELECTED: Dr. Roslyn Harris, Hudson, New York.

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF CHENANGO COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Roy McNitt	
2. District State Health Officer having supervision of the area.	Dr. Ralph Vincent	709 Kilmer Press Bldg., Binghamton, N. Y.
3. County Health Officer.	Dr. E. F. Gibson	42 N. Broad St., Norwich, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. T. F. Manley	42. S. Broad St., Norwich, N. Y.
5. County Commissioner of Public Welfare.	Percy W. Woodruff	Oxford, N. Y.
6. A representative of the hospitals within the County.	William A. Seely	17 Francis Ave., Norwich, N. Y.
7. Representative of the New York Dental Society.	Dr. J. Leo Weiler	45 N. Broad St., Norwich, N. Y.
8. Representative of the American Red Cross.	Mrs. Margarette McMullen	13 Brown Ave., Norwich, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Clara S. Kilsey	Chenango Co. Memorial Hospital, Norwich, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Francis D. Conroy	68 W. Main St., Norwich, N. Y.

CHAIRMAN SELECTED:

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF CORTLAND COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Elmer J. Anderson	Preble, N. Y.
2. District State Health Officer having supervision of the area.	Dr. P. J. Rafle, D. S. H. O.	411 Herald Bldg., Syracuse, N. Y.
3. County Health Officer.	H. S. Kinne, M. D.	Court House, Cortland, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	D. R. Reilly, M. D.	Newberry Bldg., Cortland
5. County Commissioner of Public Welfare.	Frank Chrisman	Court House, Cortland
6. A representative of the hospitals within the county.	D. N. Abbott, Supt.	Cortland County Hospital, Cortland, N. Y.
7. Representative of the New York State Dental Society.	Dr. M. B. Glezen	Tompkins St., Cortland
8. Representative of the American Red Cross.	L. B. Vandyck	27 Broadway, Cortland
9. Representative of the New York State Nurses' Association.	Miss Marian Tanner	10½ Garfield St., Cortland, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Wm. McGraw	Main St., Cortland, N. Y.
ADDITIONAL MEMBERS:		
Mayor.	Boyd Letts	City Hall, Cortland
	Mr. E. A. Brewer	71 Port Watson St., Cortland, N. Y.
Farm Bureau.	Irvin B. Perry	Court House, Cortland

CHAIRMAN SELECTED:

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF DELAWARE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors.	Roscoe W. Secord	Hamden, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Ray Champlin	Oneonta, N. Y.
3. County Health Officer.	none	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. L. C. Warren	Franklin, N. Y.
5. County Commissioner of Public Welfare.	Harry T. Hebbard	Delhi, N. Y.
6. A representative of the Hospitals within the County.	S. A. Dugan	Margaretville, N. Y.
7. Representative of the New York State Dental Society.	Dr. E. O. Bush	Walton, N. Y.
8. Representative of the American Red Cross.	Mrs. Clarence H. Stephens	Masonville, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Claudine Hendrit, R. N.	Delhi Hospital, Delhi, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Ralph Wheelock	Hancock, N. Y.

ADDITIONAL MEMBERS:

Mrs. A. Lindsay O'Connor, Hobart, New York, Representative of the Delaware County Tuberculosis & Health Association.

CHAIRMAN SELECTED: Dr. L. C. Warren, Franklin, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF DUTCHESS COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Leonard J. Supple	Fishkill, N. Y.
2. District State Health Officer having supervision of the area.	B. E. Roberts, M. D.	Poughkeepsie, N. Y.
3. County Health Officer. (No county.) Health Department.	Dr. W. H. Conger Dr. C. B. Dugan	Poughkeepsie, N. Y. Beacon, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. L. W. Stoller	Red Hook, N. Y.
5. County Commissioner of Public Welfare.	Edward Foster	Millbrook, N. Y.
6. A representative of the hospitals within the county.	Joseph J. Webber	Vassar Brothers Hospital, Poughkeepsie, N. Y.
7. Representative of the New York State Dental Society.	Dr. B. A. Easton	65 Market St., Poughkeepsie, N. Y.
8. Representative of the American Red Cross.	Dr. Scott Lord Smith	113 Academy St., Poughkeepsie, N. Y.
9. Representative of the New York State Nurses' Association.	Katherine DeWitt	14 Grand Ave., Poughkeepsie, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Joseph V. Walsh	490 Main St., Beacon, N. Y.

CHAIRMAN SELECTED: Dr. L. W. Stoller, Red Hook, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ERIE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Roy E. Brockett	Municipal Bldg., Kenmore
2. District State Health Officer having supervision of the area.	Dr. A. S. Dean	State Office Bldg., Buffalo, N. Y.
3. County Health Officers.	Dr. Francis E. Fronczak	806 Fillmore Ave., Buffalo, N. Y.
	Dr. Leo M. Michalek	561 Ridge Road Lackawanna, N. Y.
	Dr. Russell H. Wilcox	116 Clinton St., Tonawanda, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. A. A. Gartner	217 Linwood Ave., Buffalo.
5. County Commissioner of Public Welfare.	Dr. Wm. H. Handel	2810 Main St., Buffalo
6. A representative of the hospitals within the county.	Dr. Francis Mooney	100 High St., Buffalo
	Dr. Christopher Fletcher	State Hospital Forest Ave., Buffalo
	Thomas J. Reese	40 Berkley Pl., Buffalo
7. Representative of the New York State Dental Society.	Dr. W. Ray Montgomery	Westbrook Apts., 675 Delaware Ave., Buffalo
8. Representative of the American Red Cross.	Mrs. Dorothy H. Johnston	601 W. Ferry St., Buffalo
9. Representative of the New York State Nurses' Association.	Miss Thelma H. Kenyon	235 Bryant St., Buffalo
10. Representative of the New York State Pharmaceutical Society.	James A. Donovan	47 Tennyson Ave., Buffalo
ADDITIONAL MEMBERS:	Paul Benjamin	70 W. Chippewa St., Buffalo
	Miss Janet A. Scott	708 Ellicott St., Buffalo.
	Bernard J. Dowd	244 Dewitt St., Buffalo
	Dr. Herbert H. Bauckus	89 Bryant St. Buffalo

CHAIRMAN SELECTED:

MEMBERSHIP REPORT ON THE ESTABLISHMENT OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE FOR THE COUNTY OF ESSEX

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Willis Wells	Lake Placid, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Joseph P. Garen	Saranac Lake, N. Y.
3. County Health Officers.	Dr. Harold Harris Dr. John Breen	Westport, N. Y. Schroon Lake, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. John S. Miller	Crown Point, N. Y.
5. County Commissioner of Public Welfare.	Mr. Ralph G. King	Elizabethtown, N. Y.
6. A representative of the hospitals within the County.	Mr. William Ryan	Lake Placid, N. Y.
7. Representative of the New York State Dental Society.	Dr. James R. Campbell	Lake Placid, N. Y.
8. Representative of the American Red Cross.	Mr. N. D. Merring	Willsboro, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Margaret Coleman	Ticonderoga, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Mr. James Madden	Lake Placid, N. Y.
ADDITIONAL MEMBERS:		
Mrs. Prudence Taylor	Keene Valley, N. Y.	Tuberculosis and Public Health Association of Essex County.
Mrs. Margaret Martin	Port Henry, N. Y.	Nutrition Committee of Essex County.
Dr. John H. Evans	Keeseville, N. Y.	County Council on Social Hygiene.
Dr. John Smith	Jay, N. Y.	Essex County Public Health Com.

CHAIRMAN SELECTED: Willis Wells, Lake Placid, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF FRANKLIN COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	J. E. McSorley	Duane, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Joseph P. Garen	Saranac Lake, N. Y.
3. County Health Officers.	Dr. Daisy Van Dyke	Malone, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. F. F. Finney	Malone, N. Y.
5. County Commissioner	Floyd R. Selkirk	Malone, N. Y.
6. A representative of the hospitals within the county.	Dr. Edwin Jameson	Saranac Lake, N. Y.
7. Representative of the New York State Dental Society.	Dr. Leland F. Foote	Tupper Lake, N. Y.
8. Representative of the American Red Cross.	Harold A. Townsend	Malone, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Thomas Turner	Malone, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Archie Hyde	Malone, N. Y.
ADDITIONAL MEMBERS:		
	Dr. William McKenna	Chateaugay, N. Y.
	Dr. William Kingston	Moira, N. Y.

CHAIRMAN SELECTED: Dr. Joseph P. Garen, Saranac Lake, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF FULTON COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Thomas E. Ricketts	Johnstown, N. Y.
2. District State Health Officer having supervision of the area.	Non-existent	Amsterdam, N. Y.
3. County Health Officers.	Malcolm McMartin, M.D. R. Ellithorpe, M. D.	Johnstown, N. Y. Gloversville, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	W. H. Raymond, M. D.	Johnstown, N. Y.
5. County Commissioner of Public Welfare.	H. E. Sexton (N. B.) Election will in all probability change this present incumbent)	Gloversville, N. Y.
6. A representative of the Hospitals within the county.	Mrs. E. Peebles	N. Littauer Hospital Gloversville, N. Y.
7. Representative of the New York State Dental Society.	W. Liberti	Gloversville, N. Y.
8. Representative of the American Red Cross.	Mrs. Bevington	Johnstown Chapter American Red Cross, City Bldg., Johnstown
9. Representative of the New York State Nurses' Association.	Miss Marjorie McComb	N. Littauer Hospital, Gloversville, N. Y.
10. Representative of the New York State Pharmaceutical Society.	James DelNegro	Gloversville, N. Y.

CHAIRMAN SELECTED: W. H. Raymond, M. D.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF GENESEE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Francis A. Miner	Batavia, N. Y.
2. District State Health Officer having supervision of the area.	G. R. Grey, M. D.	Batavia, N. Y.
3. County Health Officer.	E. F. Will, M. D.	Batavia, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Peter DiNatale, M. D.	Batavia, N. Y.
5. County Commissioner of Public Welfare.	George W. Rogers	Batavia, N. Y.
6. A representative of the hospitals within the County.	Sister Mary Aileen Mrs. Eva Berry	St. Jerome's Hospital, Batavia, N. Y. Batavia Hospital, Batavia, N. Y.
7. Representative of the New York Dental Society.	Dr. L. L. Mulcahy, Sr.	Batavia. N. Y.
8. Representative of the American Red Cross.	A. E. Martin	Batavia, N. Y.
9. Representative of the New York State Nurses' Association.	Mildred Davis	Batavia, N. Y.
10. Representative of the New York Pharmaceutical Society	John Gioia	Batavia, N. Y.
ADDITIONAL MEMBERS:		
Genesee County Public Health Association.	George L. Hackley	Batavia, N. Y.

CHAIRMAN SELECTED: Francis Miner, Batavia, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF GREENE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Claude S. Tompkins	Ashland, N. Y.
2. District State Health Officer having supervision of the area.	Dr. H. S. Ingraham	Kingston, N. Y.
3. County Health Officer.		
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Mahlon H. Atkinson	Catskill, N. Y.
5. County Commissioner of Public Welfare.	Henry W. Barker	Cairo, N. Y.
6. A representative of the hospitals within the county.	Victor Smith	Catskill, N. Y.
7. Representative of the New York State Nurses' Association.	Mellicent Mapes	Catskill, N. Y.
8. Representative of the New York State Dental Society.	Dr. Harold E. Garnder	Catskill, N. Y.
9. Representative of the American Red Cross.	Wendel Sherman	Catskill, N. Y.
10. Representative of the New York State Pharmaceutical Society.		

CHAIRMAN SELECTED:

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF HERKIMER COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Dr. L. P. Jones	Ilion, N. Y.
2. District State Health Officer having supervision of the area.	Dr. S. Hyman	Utica, N. Y.
3. County Health Officer.	Dr. L. L. Kelley	Middleville, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Fred C. Sabin	Little Falls, N. Y.
5. County Commissioner of Public Welfare.	William Dise	Middleville, N. Y.
6. A representative of the hospitals within the county.	George J. Sluyter	Herkimer, N. Y.
7. Representative of the New York State Dental Society.	Dr. Howard James	Mohawk, N. Y.
8. Representative of the American Red Cross.	Dr. D. V. Madison	Herkimer, N. Y.
9. Representative of the New York State Nurses' Association.	Jane Boote	Herkimer, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Edward Sodolski	Herkimer, N. Y.
ADDITIONAL MEMBERS:		
City Health Officer.	Dr. A. B. Santry	Little Falls, N. Y.
Public Welfare Officer. City of Little Falls	William VanAllen	Little Falls, N. Y.

CHAIRMAN SELECTED: Dr. Fred C. Sabin.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF JEFFERSON COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Roland J. Pettit	Sackets Harbor, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Stanley Sayer	Gouverneur, N. Y.
3. County Health Officer.	Dr. G. B. VanDoren	Watertown, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. H. L. Gokey Pres. Jeff. Co. Med. Soc.,	Alexandria Bay
5. County Commissioner of Public Welfare.	Ray S. Dunaway	County Building, Watertown, N. Y.
6. A representative of the hospitals within the county.	Sister Rita	Mercy Hospital, Watertown, N. Y.
	Miss Mabel Hibbard	House of the Good Samaritan, Watertown
7. Representative of the New York State Dental Society.	Dr. Louis Stabins	129 N. Rutland St., Watertown, N. Y.
8. Representative of the American Red Cross.	Mrs. N. P. Wardwell	166 Ten Eyck St., Watertown, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Anastasia Flynn	Mercy Hospital, Watertown, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Clinton D. Turner	107 Stone St., Watertown, N. Y.

ADDITIONAL MEMBERS:

Health Officer—Carthage Health Dist.—Dr. Francis J. Lawlor, Carthage, N. Y.

CHAIRMAN SELECTED:

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF LEWIS COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	William J. Smith	Copenhagen Rt. 1
2. District State Health Officer having supervision of the area.	Dr. S. W. Sayer	Gouverneur
3. County Health Officer.	Dr. Edgar Dalton	Beaver Falls
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Thos. A. Lynch	Lowville, N. Y.
5. County Commissioner of Public Welfare.	George Hart	Lowville, N. Y.
6. A representative of the hospitals within the county.	Frank Bowman	Lowville, N. Y.
7. Representative of the New York State Dental Society.	C. A. Schlieder, D.D.S.	
8. Representative of the American Red Cross.	Dickinson Griffith	Lowville, N. Y.
9. Representative of the New York State Nurses' Association.	Florence I. Morgan, R.N.	
10. Representative of the New York State Pharmaceutical Society.	Harold T. Allen	
ADDITIONAL MEMBERS:	Clarence Ford	Lowville, N. Y.
	Mrs. O. F. Smith	Lowville, N. Y.
	Mrs. George Gardner	Lowville, N. Y.
	Dr. L. M. Campbell	Lowville, N. Y.
	Dr. Robert Gutsell	Lowville, N. Y.

CHAIRMAN SELECTED: Clarence Ford.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF LIVINGSTON COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Thomas H. Clements	Avon, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Paul A. Lembcke	65 Broad St., Rochester, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. William H. Kober	Lima, N. Y.
5. County Commissioner of Public Welfare.	Delbert I. Francis	Geneseo, N. Y.
6. A representative of the hospitals within the county.	Dr. Stanley Lincoln	Mount Morris, N. Y.
7 .Representative of the New York State Dental Society.	Dr. P. C. Bradley	Avon, N. Y.
8. Representative of the American Red Cross.	Charles F. Fundinger	Geneseo, N. Y.
9. Representative of the New York State Nurses' Association.	Eleanor M. Remmel	Geneseo, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Gates M. Minckler	Geneseo, N. Y.
ADDITIONAL MEMBERS:		
Farmer	Almon A. Annis	Livonia, N. Y.
Post Office Employee	Willard McDonald	Lima, N. Y.
Clerk Board of Supervisors	George J. Clancy	Geneseo, N. Y.
Insurance	Lockwood F. Youngs	Geneseo, N. Y.
Banker	George T. Ball	Caledonia, N. Y.

CHAIRMAN SELECTED: George T. Ball, Caledonia, New York.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF MONROE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Clarence A. Smith, County Manager	Court House, Rochester
2. District State Health Officer having supervision of the area.	Paul A. Lembcke, M.D.	101 Laurelton Road, Rochester, N. Y.
3. County Health Officer	Walter S. Thomas, M.D.	435 East Henrietta Rd.
City Health Officer	A. M. Johnson, M.D.	82 Chestnut St., City
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Clarence P. Thomas, M.D.	26 South Goodman St.
5. County Commissioner of Public Welfare.	Jesse B. Hannan	240 So. Plymouth Ave., Rochester, N. Y.
City Commission of Public Welfare.	Emmett R. Gauhn	Convent on Hall Annex, Clinton Ave., South Rochester, N. Y.
6. A representative of the hospitals within the County.	Christopher G. Parnall, M.D.	General Hospital, Main St. West, City
7. Representative of the New York State Dental Society.	Dr. Harvey J. Burkhart	76 Barrington St., City
8. Representative of the American Red Cross.	George H. Hawks	1 Main St., West, Rochester, N. Y.
9. Representative of the New York State Nurses' Association.	Judith G. Dignan	197 Magee Ave., City
10. Representative of the New York State Pharmaceutical Society.	James F. Chilson	67 Shepard St., City
ADDITIONAL MEMBERS:		
President Monroe County Medical Society	Dr. Albert D. Kaiser	29 Buckingham St., City
President Rochester Academy of Medicine	Dr. Leo F. Simpson	1410 Highland Ave., City
Secretary, Council of Social Agencies	Oscar W. Kuolt	70 No. Water St., City

CHAIRMAN SELECTED: **Dr. Clarence P. Thomas.**

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF MADISON COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Dennison W. Rogers	Earlville, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Samuel Hyman	Utica, N. Y.
3. County Health Officer.		
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Lee Preston	Oneida, N. Y.
5. County Commissioner of Public Welfare.	Geraldine W. Wheeler	Eaton, N. Y.
6. A representative of the hospitals within the County.	Harry O. Wilson	Oneida, N. Y.
7. Representative of the New York Dental Society.	Dr. Donald Floyd	Oneida, N. Y.
8. Representative of the American Red Cross.	Albert H. Covell	Oneida, N. Y.
9. Representative of the New York State Nurses' Association.	Miss A. M. Kiloy	Utica, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Earle Armstrong	Hamilton, N. Y.
ADDITIONAL MEMBERS:		
Madison County P. H. Committee.	Dr. R. B. Cuthbert, Jr.	Canastota, N. Y.

CHAIRMAN SELECTED: Dr. Leo S. Preston, Oneida, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF MONTGOMERY COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Dr. Charles E. Slater	Fort Plain, N. Y.
2. District State Health Officer having supervision of the area.	Dr. R. P. Korns	Amsterdam, N. Y.
3. City Health Officer.	Dr. P. J. Fitzgibbons	Amsterdam, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Roger Conant	Amsterdam, N. Y.
5. County Commissioner of Public Welfare.	Roland Hoffman	R. D., Fonda, N. Y.
6. A representive of the hospitals within the County.	Dr. L. H. Finch Dr. William H. Seward	Amsterdam, N. Y. Amsterdam, N. Y.
7. Representative of the New York State Dental Society.	Dr. James D. White	Amsterdam, N. Y.
8. Representative of the American Red Cross.	Mrs. Fred Geortner	Canajoharie, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Lee Secor	Elks Club, Amsterdam
10. Representative of the New York State Pharmaceutical Society.	Russell Priess	Fort Plain, N. Y.
ADDITIONAL MEMBERS:	Dr. Harry S. Howard	Amsterdam, N. Y.

CHAIRMAN SELECTED: Dr. Roger Conant, Amsterdam, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF NEW YORK CITY

Agency Represented	*Name*	*Address*
1. Department of Health	Commissioner John L. Rice	125 Worth St.
Department of Hospitals	Commissioner Willard Rappleye	125 Worth St.
Department of Welfare	Commissioner William Hodson	902 Broadway
Voluntary Hospitals	Dr. Claude Munger	St. Luke's Hospital
Academy of Medicine Public Health Relations Committee.	Dr. George Bachr	110 East 80th St., City
Medical Societies—Chairman of Medical Preparedness Comm.		
New York County	Dr. Condict W. Cutler, Jr.	620 Park Ave.
Queens County	Dr. H. P. Mencken	36-40 Bowne St., Flush.
Richmond County	Dr. A. S. Driscoll	100 Central Ave., St. George, S. I.
Bronx County	Dr. Edward R. Cunniffe	2515 Grand Concourse,
Kings County	Dr. Thomas McGoldrick	294 Clinton Ave., Brooklyn.
Dental Health Department Dental Advisory Committee	Dr. Oppie McCall	422 E. 72nd St., City
Voluntary Agencies	Mr. Homer Folks	105 E. 22nd St., City
American Cross Manhattan & Bronx Chapter	Gen. James G. Harbord	315 Lexington Ave.
Brooklyn Chapter	Mr. V. R. Beardsley	66 Court St., Brooklyn
Queens Chapter	Mr. Howard O. Wood	86-31 161st St., Jamaica
Richmond Chapter	Mrs. Lyman B. Frieze, Jr.	36 Richmond Ter., St. George, S. I.
Nursing		
Kings County	Miss Emily Fascher, R.N.	392 E. 16th St., Bklyn.
Queens County	Mrs. Christine Rogers, R.N.	8914 Sutphin Blvd., Jam.
Manhattan	Miss Frederika Farley R.N.	315 Lexington Ave.
Bronx County	Miss Lila J. Napier, R.N.	1276 Fulton Ave., Bronx
Richmond County	Miss Cecily Hunt, R.N.	Staten Island Hospital, S. I.
Visiting Nurse Service	Miss Katherine Faville	262 Madison Ave.
Pharmacy New York Pharmaceutical Council	Dr. Hugo H. Schaefer	568-603 Lafayette Ave., Brooklyn, N. Y.

CHAIRMAN SELECTED: Dr. John L. Rice.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF NASSAU COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	J. Russel Sprague	Old County Court House, Mineola, N. Y.
2. District State Health Officer having supervision of the area.	Dr. C. A. Sargent	80 Centre St., New York, N. Y.
3. County Health Officer.	Dr. Earle G. Brown	Nassau County Court House, Mineola, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Aaron L. Higgins	15 Clinton Ave., Rockville Center, N. Y.
5. County Commissioner of Public Welfare.	Edwin W. Wallace	235 Main St., Hempstead, N. Y.
6. A representative of the hospitals within the County.	Mr. George L. Davis	Nassau Hospital, Mineola, N. Y.
7. Representative of the New York State Dental Society.	Dr. S. G. Hoffman	297 Front St., Hempstead, N. Y.
8. Representative of the American Red Cross.	Miss Dorothy L. Tapscott	264 Old Country Rd., Mineola, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Cora C. Cullen	193 South St., Oyster Bay, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Mr. Sydney Levin	364 Long Beach Rd., Oceanside, N. Y.
ADDITIONAL MEMBERS:		
	Miss Francis H. Barbour	Nassau County, T. & P. H. Ass'n., 1565 Franklin Ave., Mineola, N. Y.
	Dr. Charles W. Martin	1502 Mott Ave., Far Rockaway, N. Y.
	Dr. Frederick F. Richards	70 Grove St., Hempstead, N. Y.
CHAIRMAN SELECTED:		

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ONEIDA COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	George Wertz, Jr.	1433 Flagg Ave., Utica, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Samuel Hyman	Ainsworth Bldg., Utica, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Lawrence Drumm	21 Hopper St., Utica, N. Y.
5. County Commissioner of Public Welfare.	Floyd W. Fenner	Court House, Utica, N. Y.
6. A representative of the hospitals within the County.	Dr. W. C. Jensen	Broadacres Sanatorium, Utica, N. Y.
7. Representative of the New York State Dental Society.	Dr. E. B. Terry	1000 Park Ave. Utica, N, Y.
8. Representative of the American Red Cross.	Mrs. Franklin B. Lee	Paul Bldg., Utica, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Margaret Entwistle	1612 Harrison Ave., Utica, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Bernard E. Tracy	255 Genesee St., Utica, N. Y.

CHAIRMAN SELECTED: Dr. Lawrence Drumm, 21 Hopper St., Utica, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ONONDAGA COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Edward O. Yackel	501 O.C.S.B. Bldg. Syracuse, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Phillip J. Rafle	332 So. Warren St.
3. County Health Officer.	Dr. H. Burton Doust	108 Wendell Terrace
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Edward Van Duyn	Medical Arts Bldg.
5. County Commissioner of Public Welfare.	Leon H. Abbot	County Welfare Dept.
6. A representative of the hospitals within the County.	Carl Wright	116 E. Castle St.
7. Representative of the New York State Dental Society.	Dr. J. Harold Scholz	2605 S. Salina St.
8. Representative of the New York State Nurses' Association.	Miss Cathlena Cooper	527 S. Warren St.
9. Representative of the American Red Cross.	Miss Elizabeth Campbell	74 Oswego St., Baldwinsville, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Herbert G. Wright, Jr.	133 Weymouth Rd.
ADDITIONAL MEMBERS:	Dr. Frank Strong	Brewerton, N. Y.
	Dr. Marcus Richards	Tully, N. Y.
	Dr. H. W. Whiteley	Jordan, N. Y.
	Dr. R. J. Pieri	Solvay, N. Y.

CHAIRMAN SELECTED: Edward Van Duyn, Medical Arts Bldg., Syracuse, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ONTARIO COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Edward T. Hanley	Canandaigua, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Don M. Griswold	Geneva, N. Y.
3. County Health Officer.	Dr. C. W. Grove	Geneva, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. James S. Allen	Geneva, N. Y.
5. County Commissioner of Public Welfare.	Harry M. Dibble	Canandaigua, N. Y.
6. A representative of the hospitals within the County.	Miss Helen Dannahe	Canandaigua, N. Y.
7. Representative of the New York State Dental Society.	Dr. C. B. Smith	Geneva, N. Y.
8. Representative of the American Red Cross.	Mrs. Frank Longyear	Phelps, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Minnie Kane	Canandaigua, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Charles McCarthy	Geneva, N. Y.

CHAIRMAN SELECTED: Dr James S. Allen, Geneva, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ORANGE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Joseph W. R. Dally	Goshen, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Harry L. Chant	35 South St., Middletown
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. T. W. Neumann	Central Valley, N. Y.
5. County Commissioner of Public Welfare.	William F. Durland	Goshen, N. Y.
6. A representative of the hospitals within the County.	Dr. Arthur S. Moore	Horton Memorial Hospital, Middletown, N. Y.
7. Representative of the New York State Dental Society.	None	
8. Representative of the American Red Cross.	Philip A. Rorty	Goshen, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Mary Slattery	34 South St., Middletown, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Fred S. Rogers	Middletown, N. Y.
ADDITIONAL MEMBERS:	Dr. M. R. Bradner	Warwick, N. Y.

CHAIRMAN SELECTED: Dr. T. W. Neumann, Central Valley, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ORLEANS COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	G. Herbert Keople	Clarendon, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Gordon R. Gray	Batavia, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. John Roach	Medina, N. Y.
5. County Commissioner of Public Welfare.	George A. Wright	R. D., Albion, N. Y.
6. A representative of the hospitals within the County.	Edith Plant, Supt.	Arnold Gregory Memorial Hospital Albion, N. Y.
7. Representative of the New York State Dental Society.	J. C. Shoemaker, D.D.S.	Medina, N. Y.
8. Representative of the American Red Cross.	Sanford B. Church	Albion, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Lorraine Fitzgibbons, R. N.	219 Pearl St., Medina, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Harold Hawks	Albion, N. Y.

CHAIRMAN SELECTED: Dr. John Roach.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF OSWEGO COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Reuel M. Todd	R. F. D. No. 6, Oswego, N. Y.
2. District State Health Officer having supervision in the area.	Dr. Phillip J. Rafle	Syracuse, N. Y.
3. County Health Officer.	Dr. George Marsden	Oswego, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Harrison M. Wallace	Oswego, N. Y.
5. County Commissioner of Public Welfare.	Lee C. Loomis	Mexico, N. Y.
6. A representative of the hospitals within the County.	Wallace Dougherty	Oswego, N. Y.
7. Representative of the New York State Dental Society.	Dr. Thomas Cullen	Oswego, N. Y.
8. Representative of the American Red Cross.	Mr. Harry Cooper	Oswego, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Mary I. O'Brien	Oswego, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Mr. George Reed	Oswego, N. Y.
ADDITIONAL MEMBERS:	Dr. L. D. Pulsifer	Mexico, N. Y.
	Dr. William Burell	Central Square, N. Y.
	Dr. L. A. Simpson	Fulton, N. Y.
	Dr. Leroy Hollis	Sandy Creek, N. Y.
	Dr. A. G. Dunbar	Pulaski, N. Y.

CHAIRMAN SELECTED: Dr. George Marsden.

MEMBERSHIP OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF OTSEGO COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Matthew T. Chapman	Cooperstown, N. Y.
2. District State Health Officer having supervision of the area.	Ray D. Champlin, M. D.	Oneonta, N. Y.
3. County Health Officer.	E. P. Hall, M. D.	Oneonta, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Edmund H. Kerper	Homer Folks Hospital, Oneonta, N. Y.
5. County Commissioner of Public Welfare.	William G. Roseboom	Cooperstown, N. Y.
6. A representative of the hospitals within the County.	Dr. George Mackenzie	Cooperstown, N. Y.
7. Representative of the New York State Dental Society.	Frank H. Tatlock	Oneonta, N. Y.
8. Representative of the American Red Cross.	Miss Mabel Grafton .	Morris, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Anne L. Graul, R. N.	Oneonta, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Harold Shafer	Cooperstown, N. Y.
ADDITIONAL MEMBERS:	Dr. Kenneth G. Noakes	Cooperstown, N. Y.

CHAIRMAN SELECTED: Dr. George Mackenzie.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF PUTNAM COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	J. H. Ekstrom	Brewster, N. Y.
2. District State Health Officer having supervision of the area.	Dr. B. E. Roberts	Poughkeepsie, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Ralph M. Hall	Cold Spring, N. Y.
5. County Commissioner of Public Welfare.	Ralph S. Palmer	Carmel, N. Y.
6. A representative of the hospitals within the County.	Dr. John Jenkin	Mahopac, N. Y.
7. Representative of the New York State Dental Society.	Dr. Martin Bowes	Brewster, N. Y.
8. Representative of the American Red Cross.	Mrs. Edward Dwyer	Mahopac, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Dorothy Teall	Carmel, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Stanley D. Cornish	Carmel, N. Y.
ADDITIONAL MEMBERS:		
Putnam County Health Ass'n, Inc., Nutrition Committee.	Mrs. Leslie Dodge Olive Dole Hopkins Grace Hillyer	Mahopac, N. Y. Brewster, N. Y. R. F. D. 3, Peekskill, N.Y.

CHAIRMAN SELECTED: Ralph M. Hall, Cold Spring, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMMITTEE OF ST. LAWRENCE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Chas. B. Schermerhorn	Brier Hill, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Stanley W. Sayer	Gouverneur, N. Y.
3. County Health Officer.	Dr. Walter H. Mulholland	Heuvelton, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. D. M. Mills	25 John St., Gouverneur, N. Y.
5. County Commissioner of Public Welfare.	Alton C. Scruton	Canton, N. Y.
6. A representative of the hospitals within the County.	Hon. John C. Crapser	Massena, N. Y.
7. Representative of the New York State Dental Society.	Dr. R. D. Lee	Gouverneur, N. Y.
8. Representative of the American Red Cross.	Harvey W. Hyde	Ogdensburg, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Lillian Kiah	Hepburn Hospital, Ogdensburg, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Roy M. Barr	Canton, N. Y.

CHAIRMAN SELECTED:

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF SARATOGA COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Walter Lyford	Corinth, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Burke Diefendorf	51 Grant Ave., Glens Falls, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. G. S. Pesquera	Mount McGregor, N. Y.
5. County Commissioner of Public Welfare.	Elmer Boyle	Ballston Spa, N. Y.
6. A representative of the hospitals within the County.	Adeline M. Hughes	Saratoga Springs, N. Y.
7. Representative of the New York State Dental Society.	Dr. Leo Roohan	
8. Representative of the American Red Cross.	Mrs. Hiram Freeman	Saratoga Springs, N. Y.
9. Representative of the New York State Nurses' Association.	Marion Hitchcock	Saratoga Springs, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Edward J. Molloy	Schuylerville, N. Y.

CHAIRMAN SELECTED: Dr. Burke Diefendorf, Glens Falls, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF SCHENECTADY COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Leo H. Vosburg	1141 Albany St., Schenectady, N. Y.
2. District State Health Officer having supervision of the area.	Dr. F. E. Coughlin	217 Lark St., Albany.
3. City (Schenectady) Health Officer.	Dr. William C. Treder	138 Mohawk Ave., Scotia, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Leslie F. Sullivan	116 Catherine St., Scotia, N. Y.
5. County Commissioner of Public Welfare.	Walter S. Wood	2520 Broadway, Schenectady, N. Y.
6. A representative of the hospitals within the County.	Miss Mary G. McPherson	Ellis Hospital, Schenectady, N. Y.
7. Representative of the New York State Dental Society.	Dr. C. H. Wolcott	1 N. Elm St., Schenectady, N. Y.
8. Representative of the American Red Cross.	Frank Hoppman	14 Union St., Schenectady, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Anna E. O'Brien	13 Union St., Schenectady, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Leonard E. Spanbauer	1100 State St., Schenectady, N. Y.
ADDITIONAL MEMBERS:		
	Dr. J. R. Schermerhorn	1225 Union St., Schenectady, N. Y.
	Dr. Angelo DiDonna	34 Jay St., Schenectady, N. Y.
	Dr. J. M. Blake	R. D. 7, Schenectady, N. Y.
	Dr. Howard A. Gilmartin	1476 Glenwood Blvd., Schenectady, N. Y.
	Dr. A. P. Squire	Rotterdam Junction, N. Y.

CHAIRMAN SELECTED: Dr. Leslie F. Sullivan.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF SCHUYLER COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Mr. Joseph Hoffman	R. D., Odessa, N. Y.
2. District State Health Officer having supervision of the area.	Dr. R. D. Fear	Old Court House, Ithaca, N. Y.
3. County Health Officer.	Dr. O. A. Allen	Watkins Glen, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Paul F. Willwerth	Montour Falls, N. Y.
5. County Commissioner of Public Welfare.	Stewart J. Coats	Watkins Glen, N. Y.
6. A representative of the hospitals within the County.	Miss Elinor Smith	Montour Falls, N. Y.
7. Representative of the New York State Dental Society.	Walter I. Burrell	Watkins Glen, N. Y.
8. Representative of the American Red Cross.	William F. Isley	Watkins Glen, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Irving Barton	Montour Falls, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Frank A. Cole	Watkins Glen, N. Y.

CHAIRMAN SELECTED: Paul F. Willwerth, M. D., Montour Falls, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF SCHOHARIE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Jacob H. Enders	Central Bridge, N. Y.
2. District State Health Officer having supervision of the area.	R. D. Champlin	Oneonta, N. Y.
3. County Health Officer.		
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Joseph F. Duell	Jefferson, N. Y.
5. County Commissioner of Public Welfare.	Eugene F. Gorse	Schoharie, N. Y.
6. A representative of the hospitals within the County.	Dr. Joseph F. Duell	Jefferson, N. Y.
7. Representative of the New York State Dental Society.	Dr. S. A. Scranton	Schoharie, N. Y.
8. Representative of the American Red Cross.	George D. Ryder	Cobleskill, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Anna L. Pick	Cobleskill, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Albert G. Munro	Cobleskill, N. Y.

CHAIRMAN SELECTED: Dr. Joseph F. Duell, Jefferson, N. Y.

MEMBERSHIP REPORT OF THE ESTABLISHMENT OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE FOR THE COUNTY OF SENECA

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Leo McGrane	Romulus, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Don. N. Griswold	Geneva, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Walter Pamphilon	Willard, N. Y.
5. County Commissioner of Public Welfare.	Emerson O'Connor	Waterloo, N. Y.
6. A representative of the hospitals within the County.	James Clary	Waterloo, N. Y.
7. Representative of the New York State Dental Society.	Dr. C. H. Soule	Waterloo, N. Y.
8. Representative of the American Red Cross.	Joseph J. Doyle	Seneca Falls, N. Y.
9. Representative of the New York State Nurses' Association.	Mrs. Cora Hammond, R.N.	Seneca Falls, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Fred G. Smith	Waterloo, N. Y.
ADDITIONAL MEMBERS:		
	Mrs. Alice Yaw, R.N.	Waterloo, N. Y.

CHAIRMAN SELECTED: Dr. Walter Pamphilon, Willard, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF STEUBEN COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Dale D. Baker	Greenwood, N. Y.
2. District State Health Officer having supervision of the area.	Dr. John A. Conway	206 Main St., Hornell, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. R. J. Schafer	6 W. Sixth St., Corning, N. Y.
5. County Commissioner of Public Welfare.	E. Ray Hardenbrook	Bath, N. Y.
6. A representative of the hospitals within the County.	William Collins	212 Main St., Hornell, N. Y.
7. Representative of the New York State Dental Society.	Dr. Harley W. Lawrence	20 E. Market St., Corning, N. Y.
8. Representative of the American Red Cross.	Rev. George H. Allen	Gansevoort St., Bath, N. Y.
9. Representative of the New York State Nurses' Association.	Hazel Stewart	State Highway Office Bldg., Hornell, N. Y.
10. Representative of the New York State Pharmaceutical Society.	James Dildine	Bath, N. Y.
ADDITIONAL MEMBERS:		
	Dr. E. E. Whipple	65 W. Pulteney St., Corning, N. Y.
	Dr. S. Zeno Selleck	Bath, N. Y.
	Dr. A. H. Richmond	Wayland, N. Y.
	Dr. O. K. Stewart	18 Center St., Hornell, N. Y.

CHAIRMAN SELECTED: Dr. R. J. Schafer, Corning, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF SUFFOLK COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	T. Everett C. Tuthill	Shelter Island
2. District State Health Officer having supervision of the area.	Dr. C. A. Sargent	80 Centre St., N. Y. City
3. County Health Officer.	Dr. Arthur T. Davis	Riverhead
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. John L. Sengstack	Huntington
5. County Commissioner of Public Welfare.	Raymond Darling	Northport
6. A representative of the hospitals within the County.	Myrtle DeYoung	Port Jefferson
7. Representative of the New York State Dental Society.	Dr. Paul C. Diefenbacher	Southold
8. Representative of the American Red Cross.	Mrs. Joseph Stevens	Westhampton Beach
9. Representative of the New York State Nurses' Association.	Leonor A. Field	Riverhead
10. Representative of the New York State Pharmaceutical Society.	William L. Barker	Mattituck

CHAIRMAN SELECTED:

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF SULLIVAN COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Frank T. Griswold	Roscoe, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Harry Chant	34 South St., Middletown, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Harry Golembe	Liberty, N. Y.
5. County Commissioner of Public Welfare.	Mrs. Margaret Engert	Monticello, N. Y.
6. A representative of the hospitals within the County.	Dr. George Mills	Callicoon, N. Y.
7. Representative of the New York State Dental Society.	Dr. Ralph S. Spaulding	Monticello, N. Y.
8. Representative of the American Red Cross.	Mrs. Ruth Williams	Liberty, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Mary Johnston	Livingston Manor, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Dr. Harry E. Miller	Monticello, N. Y

ADDITIONAL MEMBERS:

CHAIRMAN SELECTED: Dr. Harry Golembe, Liberty, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF TIOGA COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Charles S. Shiner	Owego, N. Y.
2. District State Health Officer having supervision of the area.	Dr. A. H. Cummings	Binghamton, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. L. S. Betowski	Waverly, N. Y.
5. County Commissioner of Public Welfare.	Mr. H. A. Tompkins	Owego, N. Y.
6. A representative of the hospitals within the County.	Burt J. Cotton	Nichols, N. Y.
7. Representative of the New York State Dental Society.	Dr. H. M. Noteware	Owego, N. Y.
8. Representative of the American Red Cross.	Mrs. Lewis B. Paremerton	Owego, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Ruth Griffin	Candor, N. Y.
10. Representative of the New York State Pharmaceutical Society.	None	

CHAIRMAN SELECTED: Dr. L. S. Betowski, Waverly, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF TOMPKINS COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representatives.	Lamont C. Snow	R. D. No. 1 Brooktondale, N. Y.
2. District State Health Officer having supervision of the area.	Raymond D. Fear, M. D.	Old Court House, Ithaca, N. Y.
3. County Health Officer.	R. H. Broad, M. D.	Cornell Library Bldg., Ithaca, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Willets Wilson, M. D.	208 E. State St., Ithaca, N. Y.
5. County Commissioner of Public Welfare.	Roscoe Van Marten	Court House, Ithaca
City Commissioner of Public Welfare.	John H. Post	Cornell Library Bldg. Ithaca, N. Y.
6. A representative of the hospitals within the County.	Earl Mitchell	Tompkins County Memorial Hospital, Ithaca.
7. Representative of the New York State Dental Society.	Dr. Ralph R. Kingsley	Savings Bank Bldg., Ithaca.
8. Representative of the American Red Cross.	Dean F. Smiley, M. D.	105 Irving Place, Ithaca.
9. Representative of the New York State Nurses' Association.	Miss Mae Mandeville, R.N.	136 E. State St., Ithaca.
10. Representative of the New York State Pharmaceutical Society.	E. J. Barrett	154 E. State St., Ithaca.
ADDITIONAL MEMBERS:		
	Mary D. Ridgway, M. D.	Brooktondale, N. Y.
	Corbett Johnson, M. D.	Spencer, N. Y.
	D. M. Ryan, M. D.	Dryden, N. Y.
	J. W. Burton, M. D.	Mecklenburgh, N. Y.
	Frank Ryan, M. D.	McLean, N. Y.
	Philip J. Robinson, M. D.	1st National Bank Bldg., Ithaca.
	Roscoe Tarbell, M. D.	Groton, N. Y.
	William L. Seil, M. D.	Newfield, N. Y.
	Ralph J. Low, M. D.	Trumansburg, N. Y.

CHAIRMAN SELECTED: Raymond D. Fear, M. D.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF ULSTER COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or representative. or County Executive	James A. Simpson	Phoenicia, N. Y.
2. District State Health Officer having supervision of the area.	Harry Eddinger	21 Reynolds St., Kingston, N. Y.
3. City Health Officer of Kingston.	Dr. L. E. Sanford	City Hall Kingston, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. William S. Bush	8 John St., Kingston, N. Y.
5. County Commissioner of Public Welfare.	Robert H. Park	New Paltz, N. Y.
6. A representative of the hospitals within the County.	Dr. Frank A. Johnson	271 Fair St., Kingston, N. Y.
7. Representative of the New York State Dental Society.	Victor P. Salvatore	Highland, N. Y.
8. Representative of the American Red Cross.	G. D. B. Hasbrouck	209 Clinton Ave., Kingston, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Katherine Murphy	82 Crane St., Kingston, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Harry Walker	478 Broadway, Kingston, N. Y.

ADDITIONAL MEMBERS:

CHAIRMAN SELECTED: Robert H. Park.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF WARREN COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Mr. R. J. Bolton	Hague, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Burke Diefendorf	51 Grant Ave., Glens Falls, N. Y.
3. City Health Officer.	Dr. Virgil D. Selleck	66 Bay St., Glens Falls, N. Y.
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. H. A. Bartholomew	46 Sherman Ave., Glens Falls, N. Y.
5. County Commissioner of Public Welfare.	Mr. Jesse Starbuck	Warrensburg, N. Y.
6. A representative of the hospitals within the County.	Mr. William H. Barber	96 Coolidge Ave., Glens Falls, N. Y.
7. Representative of the New York State Dental Society.	Dr. Palmer K. Colson	191 Glen St., Glens Falls, N. Y.
8. Representative of the American Red Cross.	Mr. S. T. Birdsall	12 Lincoln Ave., Glens Falls, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Dorothy Meehan	23 LaRose St., Glens Falls, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Mr. Raymond Madden	17 Grant Ave., Glens Falls, N. Y.
ADDITIONAL MEMBERS: County Laboratory	Dr. Morris Maslon	43 Coolidge Ave., Glens Falls, N. Y.
County Tuberculosis and Public Health Ass'n.	Mr. Stanley B. Miller	5 Pershing Road, Glens Falls, N. Y.

CHAIRMAN SELECTED: Dr. Morris Maslon, Glens Falls, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF WASHINGTON COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	William J. Reid	Fort Edward, N. Y.
2. District State Health Officer having supervision of the area.	Dr. Burke Diefendorf	51 Grant Ave., Glens Falls, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. B. K. Irvine	Granville, N. Y.
5. County Commissioner of Public Welfare.	M. Waite Hicks	Granville, N. Y.
6. A representative of the hospitals within the County.	Kay Frances Cleave	Supt. Cambridge Hospital, Cambridge N. Y.
7. Representative of the New York State Dental Society.	Dr. A. G. Barrett	Granville, N. Y.
8. Representative of the American Red Cross.	Mrs. William Hill	Fort Edward, N. Y.
9. Representative of the New York State Nurses' Association.	Josephine Mulligan	51 Maple St., Hudson Falls, N. Y.
10. Representative of the New York State Pharmaceutical Society.	William G. Donnell	Fort Edward, N. Y.
ADDITIONAL MEMBERS: Health Officer	Dr. B. C. Tillotson	Fort Edward, N. Y.
County Treasurer.	M. M. Parrish	Cambridge N. Y.
	Dr. L. A. White	Whitehall, N. Y.
Banker	Clifford B. Higley	Hudson Falls, N. Y.
County Judge	Wyman S. Bascom	Fort Edward, N. Y.

CHAIRMAN SELECTED: Dr. Burke Diefendorf, 51 Grant Ave., Glens Falls, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF WAYNE COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Harvey H. Sharp	Red Creek, N. Y.
2. District State Health Officer having supervision of the area.	Paul A. Lembcke, M. D.	65 Broad St., Rochester, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. Edward Baumgartner	Newark, N. Y.
5. County Commissioner of Public Welfare.	Elmer G. Butts	Lyons, N. Y.
6. A representative of the hospitals within the County.	Dr. John Carmer	Lyons, N. Y.
7. Representative of the New York State Dental Society.	Dr. Howard Marshall	Lyons, N. Y.
8. Representative of the American Red Cross.	Phoebe Murdock	Newark, N. Y.
9. Representative of the New York State Nurses' Association.	Martha Sims	Wolcott, N. Y.
10. Representative of the New York State Pharmaceutical Society.	S. R. Roney	Wolcott, N. Y.

CHAIRMAN SELECTED: Dr. Edward Baumgartner.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF WESTCHESTER COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Ralph McClelland	Scarsdale N. Y.
2. District State Health Officer having supervision of the area.	Dr. C. A. Sargent	80 Centre St., N. Y. City.
3. County Health Officer.	Dr. George H. Ramsey	Ardsley, N. Y.
4. Chairman of the Medical Preparedness County Medical Society.	Dr. E. H. Restin	Mt. Vernon, N. Y.
5. County Commissioner of Public Welfare.	Ruth Taylor	Eastview, N. Y.
6. A representative of the hospitals within the County.	Carl E. Wright	Port Chester, N. Y.
7. Representative of the New York State Nurses' Association.	Miss Anne H. McCabe	Div of Public Health Nursing, County Office Bldg., White Plains, N. Y.
8. Representative of the American Red Cross.	Dr. E. G. Ramsdell	White Plains, N. Y.
9. Representative of the New York State Dental Society.	Dr. D. Austin Sniffin	White Plains, N. Y.
10. Representative of the New York State Pharmaceutical Society.	Charles Prahl	Rye, N. Y.
ADDITIONAL MEMBERS:	Edward Storey	Mamaroneck, N. Y.
	George Nelbach	Yonkers, N. Y.
	Dr. Rufus Cole	Bedford Hills, N. Y.
	Dr. Morley Smith	New Rochelle, N. Y.
	Edward Prezzano	Mt. Vernon, N. Y.

CHAIRMAN SELECTED: Dr. E. H. Restin

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF WYOMING COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	Dr. L. W. Ham	Arcade, N. Y.
2. District State Health Officer having supervision of the area.	Gordon R. Gray, M. D.	Batavia, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	O. T. Ghent, M. D.	Warsaw, N. Y.
5. County Commissioner of Public Welfare.	B. L. Brei	Warsaw, N. Y.
6. A representative of the hospitals within the County.	W. A. Copeland	Warsaw, N. Y.
7. Representative of the New York State Dental Society.	Thomas W. Thomas, D. D. S.	Warsaw, N. Y.
8. Representative of the American Red Cross.	Mrs. Helen Oram	Warsaw, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Dena Bond, R. N.	Warsaw, N. Y.
10. Representative of the New York State Pharmaceutical Society.	None	

ADDITIONAL MEMBERS:

CHAIRMAN SELECTED: O. T. Ghent, M. D., Warsaw, N. Y.

MEMBERS OF THE OFFICIAL ADVISORY HEALTH PREPAREDNESS COMMITTEE OF YATES COUNTY

Agency Represented	*Name*	*Address*
1. Chairman of the Board of Supervisors or County Executive or representative.	William B. Anthony.	Penn Yan, N. Y.
2. District State Health Officer having supervision in the area.	Dr. Don M. Griswold.	Geneva, N. Y.
3. County Health Officer.	None	
4. Chairman of the Medical Preparedness Committee of the County Medical Society.	Dr. E. C. Foster.	Penn Yan, N. Y.
5. County Commissioner of Public Welfare.	Perry D. Henderson.	Penn Yan, N. Y.
6. A representative of the hospitals within the County	Charles T. Andrews.	Penn Yan, N. Y.
7. Representative of the New York State Dental Society.	Dr. Ira C. Ide.	Dundee, N. Y.
8. Representative of the American Red Cross.	Mrs. Arthur Carson.	Rushville, N. Y.
9. Representative of the New York State Nurses' Association.	Miss Jennie Calhoon.	Penn Yan, N. Y.
10. Representative of the New York State Pharmaceutical Society.	M. J. Rapalee.	Penn Yan, N. Y.
ADDITIONAL MEMBERS:	Dr. G. E. Welker.	Dresden, N. Y.

CHAIRMAN SELECTED: Dr. E. C. Foster, Penn Yan, N. Y.